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READER'S DIGEST

HOME EMERGENCY MEDICAL GUIDE

- LIFE-SAVING PROCEDURES
- A–Z GUIDE OF INJURIES AND ILLNESSES
- PRACTICAL SKILLS
- BODY SYSTEMS AND HOW THEY WORK
- ACCIDENT PREVENTION
- UNDERSTANDING ALCOHOL AND OTHER DRUGS
- EMERGENCY SERVICES

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EMERGENCY NUMBERS

Fill in the spaces with your emergency numbers.

Police: .....

Ambulance: .....

Fire: .....

Poisons Information Centre: .....

.....

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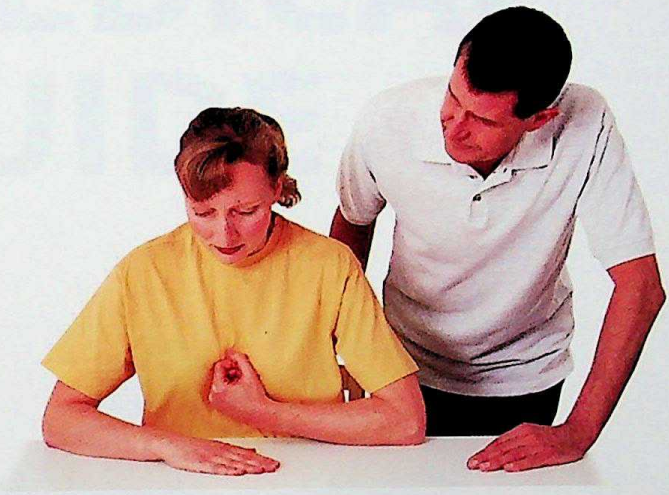
HOME EMERGENCY MEDICAL GUIDE



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INTRODUCTION

Emergencies strike when you least expect them... a ladder slips, a car skids, an electrical circuit overloads or a child starts coughing. No matter how much care we take in and around the home, accidents will happen – and illness can strike unexpectedly. At such times, speedy action is essential. This completely new type of super-practical reference book is designed for quick, instant access to information that might save a life. The alphabetical thumb tabs lead you directly to clear, concise text and easy-to-understand colour photographs.

As the name suggests, first aid is the first assistance or treatment for the victim of an accident or illness. The core section of *Home Emergency Medical Guide* shows you with simple step-by-step instructions – each step numbered for absolute clarity – precisely what to do when a medical emergency occurs, whether it be a minor cut or a heart attack. Reader's Digest editors and designers have worked with first-aid experts to ensure that the book provides the most up-to-date information on the basic, 'hands-on' skills for dealing with everyday emergencies. In cases of serious injury or illness, the book's straightforward directions provide much-needed reassurance that you are doing the right thing until a doctor or an ambulance arrives.

But *Home Emergency Medical Guide* is not just a first-aid book. Highly illustrated sections covering life-saving resuscitation procedures and more than 70 commonly occurring injuries and illnesses are complemented by a detailed look at the practical skills that are easy for everyone to learn, such as how to tie an effective bandage and what to do at the scene of an accident. There is an overview of the human body's various systems, plus essential, easy-to-follow advice on accident prevention and a hard-headed, no-nonsense look at the uses and abuses of alcohol and other drugs. Last but certainly not least, there is a comprehensive list of telephone numbers and addresses of hospitals and clinics equipped with an accident and emergency department.

Home Emergency Medical Guide provides instant help on those occasions when sound, common-sense advice is needed most; it deserves to be kept in a readily accessible place in every home, car or workplace.

The Editors

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LIFE-SAVING PROCEDURES

What to do in a life-threatening emergency, including:

- The 'ABC' of first aid
- Expired Air Resuscitation
- External Cardiac Compression
- Cardiopulmonary Resuscitation
- Breathing and pulse checks
- Bleeding

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LIFE-SAVING PROCEDURES

In a life-threatening emergency, the strict priorities are: make the area safe if necessary and then observe the 'ABC' of first aid according to the basic life-support chart at right. Treatment for severe, life-threatening bleeding is described on page 19.

AIRWAY The only safe position for an unconscious person is lying on one side with the head and neck tilted back to keep the airway clear and open.

▶ *See pages 12–13*

BREATHING If the victim is not breathing, expired air resuscitation (EAR) is needed to ventilate the lungs and provide oxygen to the tissues.

▶ *See page 14*

CIRCULATION If the victim's heart is not beating, there will be no circulation of blood and he or she will die unless cardiopulmonary resuscitation (CPR) is given.

▶ *See pages 17–18*

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BASIC LIFE SUPPORT CHART

VICTIM COLLAPSED

Check response to gentle shake and loud command

AIRWAY

Victim conscious

- Make victim comfortable
- Observe **AIRWAY**
  BREATHING
  CIRCULATION

Victim unconscious *(pages 12–13)*

- Turn victim on side
- Turn face slightly downwards
- Clear airway
- Tilt head and support jaw

Check for breathing

BREATHING

Victim breathing

- Leave victim on side
- Observe **AIRWAY**
  BREATHING
  CIRCULATION

Victim not breathing *(page 14)*

- Turn victim on back
- Give five full inflations within ten seconds

Check for carotid (neck) pulse

CIRCULATION

Pulse present

- Continue **EAR**
- Check carotid (neck) pulse and breathing after one minute and then at least every two minutes

Pulse absent *(pages 16–18)*

- Begin **CPR**
- Check carotid (neck) pulse and breathing after one minute and then at least every two minutes

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Victim unconscious

Someone who does not respond to a gentle shake of the shoulder and a loud, spoken command, is unconscious and needs urgent medical care. If the response is slurred or very slow, treat the victim as if unconscious.

▶ WHAT TO DO

1 Gently shake the victim by the shoulders and quickly check his response to a command such as 'Squeeze my hand. Now let it go.' If he fails to respond, he is unconscious and his **airway** is at risk **(see page 13)**.

2 Prepare to turn the victim onto one side: kneeling beside him, lift his nearest thigh to bring the leg to a right-angle at hip and knee. Still supporting the thigh, place the far arm out at right-angles to the trunk. Then place the near arm across the chest with the fingers pointing towards the opposite shoulder.

3 Lift under the raised thigh and near shoulder to roll him away from you and onto his side. Keep the thigh at a right angle and use it as a prop to prevent him from rolling forward. Let the upper arm cross the lower arm near the elbow joint.

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Victim unconscious: check airway

If a person is unconscious he or she cannot cough or swallow. This means that food, fluid, vomit or blood can cause a fatal blockage of the airway which leads from the mouth and nose to the lungs.

▶ WHAT TO DO

1 Position the victim on the side and clear the mouth. Use two fingers to sweep around the mouth but DO NOT try to probe the back of the throat. Leave any dentures in place unless they are broken.

Shout for help and send someone to call for an ambulance.

2 Gently tilt back the head and bring the chin forward by supporting the jaw. Ensure that the face is inclined slightly downwards to aid the drainage of any fluids from the mouth.

3 Now check whether the victim is breathing: look and feel for movement of the lower ribs and listen for the sound of breathing. If the victim is not breathing, gently roll him onto his back and commence **expired air resuscitation (EAR, page 14)** at once.

4 If the victim is breathing, check for any major injuries or **bleeding (see page 19)**. Loosen any tight clothing at neck and waist and observe the victim closely for any change in condition while waiting for the ambulance to arrive.

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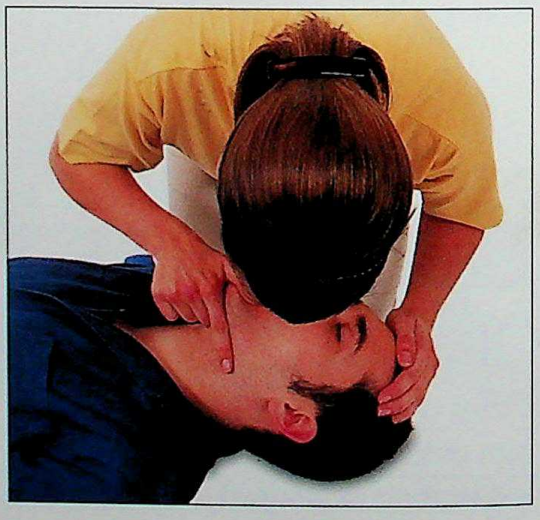
Victim not breathing: EAR – Expired Air Resuscitation

When a sick or injured person stops breathing, body tissues will die within a few minutes from oxygen starvation. **Expired air resuscitation (EAR)**, given mouth-to-mouth, provides enough oxygen from the expired air from your lungs to keep the victim alive until medical care is available.

▶ WHAT TO DO

1 With the victim lying on his back, kneel beside him and tilt his head back gently with your hand on the top of his head. With your other hand, support the victim's jaw with your thumb and first finger in a 'pistol grip'. Keep the victim's head in this open airway position while you give EAR.

2 Give five quick, separate breaths of EAR by sealing your mouth on the victim's mouth and closing off his nose with your cheek. Watch the victim's chest rise with each breath, then remove your mouth and turn your head to the side to watch the chest empty. Give the first five breaths in no more than ten seconds with no breath lasting any more than two seconds.



■ For a baby or child less than eight years old, follow the same pattern but DO NOT tilt the head back. For a baby, give five puffs of air from your cheeks and stop puffing as soon as the baby's chest rises. For a child, give five small breaths.

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Breathing and pulse checks

Breathing and pulse checks should be made every two minutes during resuscitation to see whether the victim is recovering. The breathing and pulse rates of any unconscious victim should be checked frequently for any changes in condition.

BREATHING CHECK

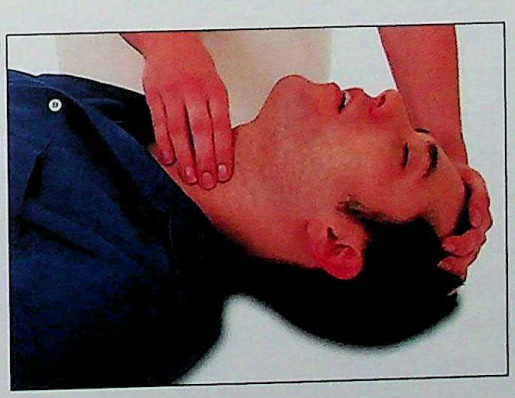
Check breathing by looking and feeling for any movement of the lower ribs and feeling and listening for air leaving the mouth (see page 11). For a baby under one year old, look, listen and feel for movement of the upper abdomen and listen and feel for the escape of air from the baby's mouth or nose. If breathing is absent, give five quick breaths of **expired air resuscitation (EAR, page 14)** and follow with a pulse check.

PULSE CHECK

Then check whether there is a **pulse**. If the pulse is present, continue to give **EAR** at the slower rate of one breath every four seconds (15 breaths a minute) until normal breathing returns. If the pulse is absent, there is no need to check for breathing because the victim cannot breathe when the heart has stopped beating. Begin **cardiopulmonary resuscitation (CPR, pages 17–18)** to provide an artificial circulation and send oxygen around the body to keep the tissues alive until medical care is available.

For an adult and child over one year old

The pulse is checked over the carotid (neck) artery on the far side of the victim's neck. Hold the head back and slide your fingers across the victim's windpipe and onto the carotid artery. Feel for the pulse for up to ten seconds.



For a baby

If the carotid (neck) artery pulse is hard to find, use the brachial artery pulse. With your first and middle fingers feel for the pulse in the groove between the two upper arm muscles.

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Pulse absent:
ECC – External Cardiac Compression

If no pulse is present, and therefore there is no circulation of blood around the body, the tissues are likely to die of oxygen starvation within three to four minutes. **External cardiac compression (ECC)** should begin as soon as the pulse is found to be absent. The correct location for compressions is over the lower half of the breastbone.

▶ WHAT TO DO

1 With the victim on his back on a firm surface, kneel beside him and quickly remove clothing from the middle of the chest. Put the index finger of one hand in the dip at the top of the breastbone; put the index finger of the other hand in the groove where the ribs join the breastbone. Divide the breastbone into equal halves with thumbs in the middle.

2 Place your lower hand just below the thumb of the upper hand so that the 'heel' of the hand rests along the midline of the breastbone. With your other hand, grasp your wrist and press downwards firmly, keeping fingers and knuckles off the chest wall. Press down until you feel resistance and then allow the pressure to ease. Repeat compressions at least every second, preferably a little faster.

Grasp the wrist of your 'compressing' hand to maintain even pressure

Keep your shoulders over your hands and fingers off the chest

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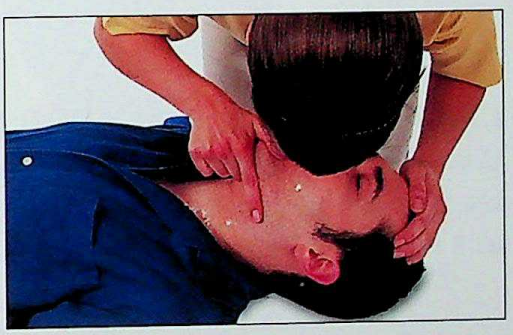
Not breathing, pulse absent: CPR – Cardiopulmonary Resuscitation (adults)

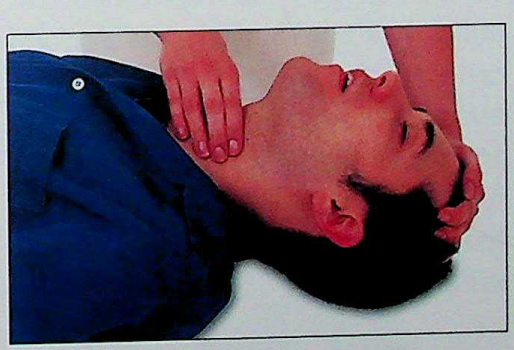
External cardiac compression (ECC, page 16) combined with **expired air resuscitation (EAR, page14)** is known as **cardiopulmonary resuscitation (CPR)**, or heart-lung resuscitation (for babies and children see page 18).

▶ WHAT TO DO

1 When performing **ECC** it is important to maintain a steady series of 15 compressions at the rate of one per second without any jerking or rocking movements. Follow each compression with a pause, returning your hands to a non-compressing position. Give two breaths of **EAR** after each cycle of 15 compressions.



2 After one full minute of CPR, hold the victim's head in the open airway position (see page 14) and recheck for a carotid (neck) pulse (see page 15). If the pulse is present, do not continue with compressions, but give **EAR** until normal breathing returns or medical help arrives.



3 If the pulse cannot be felt, continue with another cycle of 15 compressions followed by two breaths. Recheck the pulse every two minutes until the victim recovers, an ambulance arrives, or you are physically unable to continue.

CONTINUED ▶

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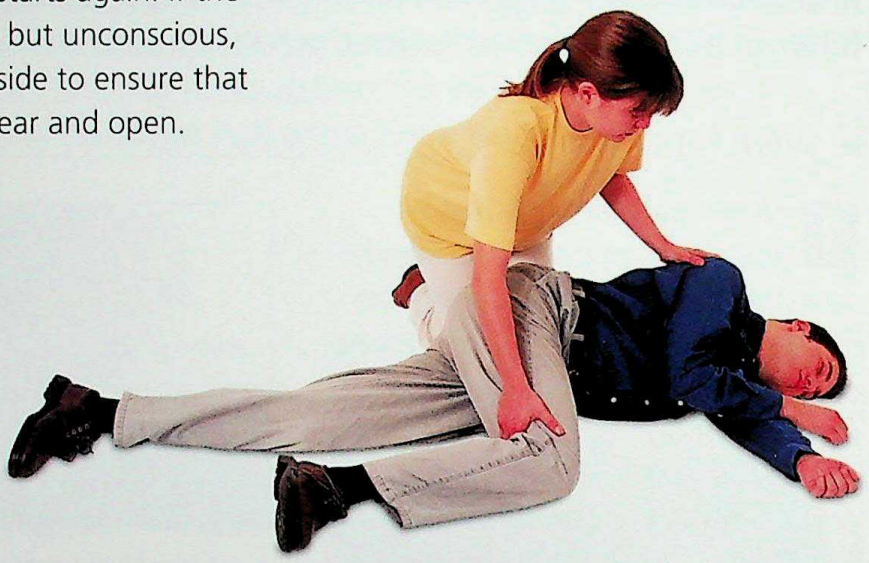
4 Continue with the cycles of compressions and breaths until the pulse returns. Then give **EAR** until normal breathing starts again. If the victim is breathing but unconscious, turn him onto his side to ensure that the airway stays clear and open.

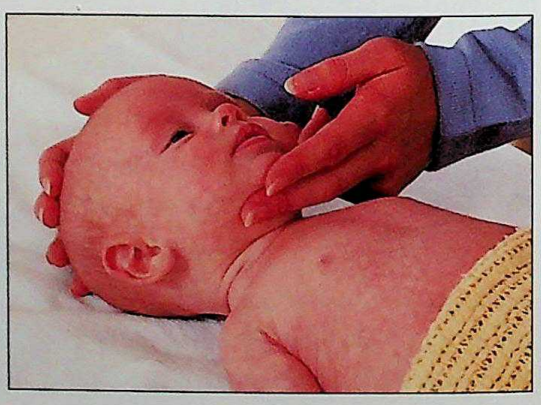


CPR FOR BABIES AND CHILDREN

Use adult CPR techniques on babies and children but with gentler breaths. In the case of a baby, use two fingers only to compress the chest at a rate of at least 100 compressions per minute.

For a baby

Ensure that the head is level then use puffs of air from your cheeks. Perform cycles of 15 compressions followed by two puffs in a total of ten seconds and watch the baby's chest rise and fall with each breath. Continue with the cycles of compressions and breaths as for adults – see **step 4** above.



For a child

Use one hand only to compress the chest but perform faster compressions of up to 100 per minute. Perform cycles of 15 compressions followed by two gentle breaths in a total of ten seconds – just enough to make the child's chest rise. Continue with the cycles of compressions and breaths as for adults – see **step 4** above.

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Victim bleeding severely

If severe bleeding occurs, prompt first aid is needed to stop the loss of blood. Whenever possible, a pad or fabric barrier should be placed over the wound to avoid contact with another person's blood but no time should be lost in applying pressure.

▶ WHAT TO DO

1 Apply direct pressure over the wound, using a sterile or clean bulky dressing. If you do not have one, a bulky pad can be made from tissues. Often the victim can apply pressure to her own wound. When possible, reduce the blood flow to the injured part by raising it above the level of the heart.

2 Help the victim to rest: lying down is preferable. If she is feeling faint and giddy, raise her legs if possible. If the injury is on a limb, fix the dressing firmly with a bandage. Check the fingertips/toes of the injured limb to make sure that the bandage is not too tight. If blood is showing through the bandage, remove and replace the dressing and bandage.

⊕ *Seek medical advice as soon as possible to avoid complications.*

Hold the injured limb above the level of the heart while applying the bandage

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A–Z GUIDE TO INJURIES AND ILLNESSES

How to give immediate assistance in any emergency, from Abdominal injury and Asthma attack to Winding and Wounds

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ABDOMINAL INJURY

The abdominal cavity is located below the chest cavity, from which it is separated by the diaphragm. It contains the stomach, liver, spleen, intestines, kidneys and some major blood vessels and body tissues. Damage to these organs may not show in the form of a wound and sometimes only a rising pulse rate can indicate the severity of the problem (see page 28 for pain chart). Urgent medical assessment and treatment are needed to avoid life-threatening collapse.

▶ WHAT TO DO

1 Help the victim to lie down in the most comfortable position possible. Ease a blanket, small pillow or some rolled-up clothing under his knees to relax the abdominal muscles. Support the head and shoulders if this increases his comfort.

2 Check and loosen any clothing over the wound. **If the wound is small**, apply a sterile dressing fixed with a wide stretch-cotton bandage or wrap a towel around the abdomen.

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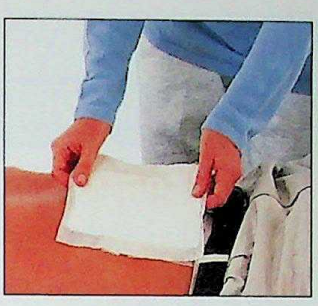
3 **If any internal organs are visible** through the wound, do not touch or try to replace them. Cover the wound with a sterile, non-stick dressing. Seal the dressing lightly around its edges with adhesive tape. Keep the dressing moist by putting a damp bulky dressing or towel lightly on top of the first dressing.



Use a damp dressing over the first dressing to keep it from drying out

4 Cover the victim lightly with a blanket or clothing to maintain body temperature. If lying on a hot, cold or wet surface, ease a blanket, clothing or even newspapers under the victim, taking care to avoid any movement of the abdominal area.

5 Check the victim's airway, breathing and pulse every few minutes. Note any changes in his condition while waiting for the ambulance and pass on your observations to the ambulance crew.

Call for an ambulance as soon as possible.

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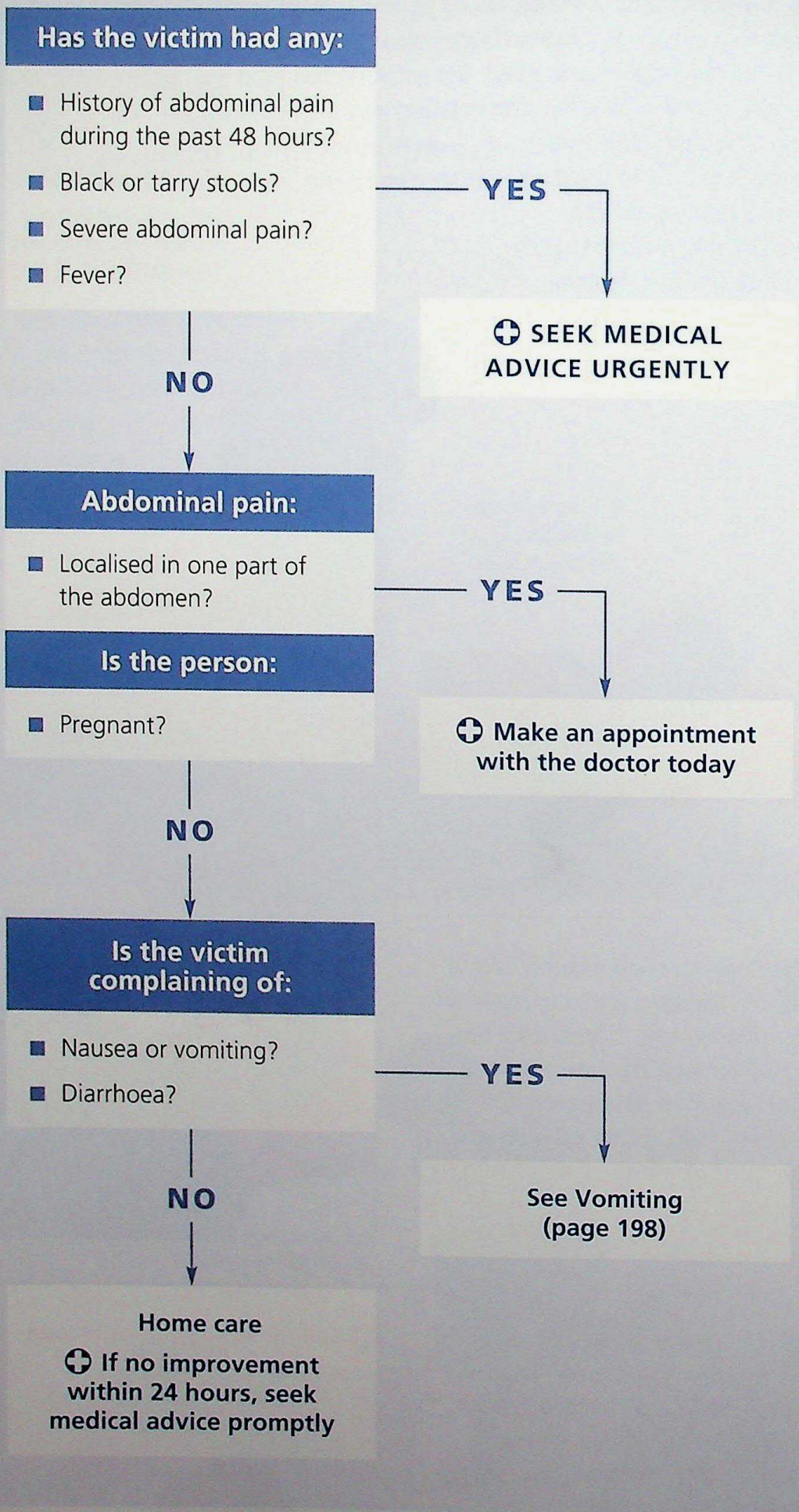
ABDOMINAL PAIN



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ALLERGIC REACTION

Has the victim had any:

- History of previous allergic reaction to food, venom or other substance?
- Skin rash or redness?
- Itching of the skin?
- Dizzy spells or light-headedness?
- Nausea or vomiting?
- Breathing difficulty or wheezing?
- Hoarsness or coughing?
- Swelling of any body part?
- Muscle weakness?

YES →

⊕ **SEEK MEDICAL ADVICE URGENTLY**

Help with any emergency medication

NO ↓

Is there any sign of a severe but localised allergic reaction such as:

- Swelling?
- Redness or heat in the tissue?

YES →

⊕ **Make an appointment with the doctor today**

NO ↓

Home care

⊕ **If no improvement within 24 hours, seek medical advice promptly**

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ANGINA

Angina is the term used to describe the cramp-like pain in the chest resulting from coronary arteries which have been narrowed and hardened by disease. During stressful situations or physical activity when an increase in oxygenated blood flow is required, the hardened arteries go into spasm, which causes pain.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in or around the centre of the chest, sometimes spreading down to the upper part of the abdomen, or up into the neck or jaw**
- **Pain down the arm, possibly accompanied by nausea, sweating and shortness of breath**

▶ WHAT TO DO

1 Immediately help the victim into the most comfortable, restful position possible and loosen any tight clothing at neck and waist. Give him frequent reassurance.

Allow the victim to choose the position that suits him best

2 If he is fully conscious and is carrying his medication, help him to take the tablet, which is usually dissolved under the tongue. The medication will open up the arteries and as the blood flow increases, the victim's pain will gradually ease.

If the pain lasts longer than ten minutes, or if there is any deterioration in the victim's condition, call for an ambulance immediately.

If the victim collapses, he is likely to be suffering from a heart attack and ***cardiopulmonary resuscitation (CPR)*** *may be needed as a life-saving measure until the ambulance arrives* ***(see pages 17–18).***

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ANKLE INJURY

The most common ankle injury is caused by twisting the joint or falling from a height; the injury may be a sprain or a fracture (broken bone). It can be difficult to decide the extent of the injury until an X-ray has been taken, so treat all ankle injuries as possible fractures to avoid the risk of further damage.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in and around the injured area**
- **Nausea**
- **Feeling cold and shivery**
- **Feeling faint and giddy**
- **Numbness in the extremities**
- **Loss of power and function in the joint**

▶ WHAT TO LOOK FOR

- **Swelling around the joint**

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible. Avoid moving or touching the injured joint. Help the victim to raise the injured leg slightly on a blanket or rolled-up clothing. If the shoe fits comfortably, leave it in place for support.

2 Carefully pad around the ankle joint using a soft pillow or light blanket held in place with two or three bandages.

⊕ *Arrange for medical advice as soon as possible. While the diagnosis is unknown, do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.*

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ARM INJURY Lower arm or wrist

Arm injuries may occur in the wrist, elbow, lower arm or upper arm. The injury may be a sprained wrist or elbow joint or a fracture (break) of one or more bones. Usually an X-ray is needed to confirm the injury which should be treated as a possible fracture until a doctor has made a diagnosis.

► WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in and around the injured area**
- **Nausea**
- **Feeling cold and shivery**
- **Feeling faint and giddy**
- **Numbness in the extremities**
- **Loss of power and function in the joint**

► WHAT TO LOOK FOR

- **Swelling (sometimes, but not in the early stages)**

► WHAT TO DO

1 Help the victim to sit down while she supports the injured arm. Provide a soft pillow or blanket on her knees to help take the weight off the injured arm and ease the pain.

Rest the injured arm on a soft support

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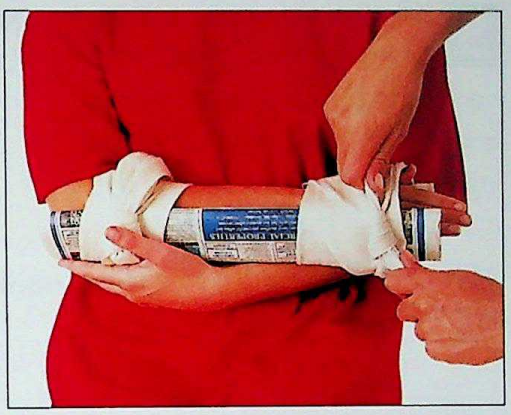
2 For a wrist or lower arm injury, gently place a flattened, rolled newspaper splint under the victim's arm to support the limb from fingertips to elbow. Fix the splint with ***roller*** or ***triangular bandages (see pages 202 and 203)*** in several places.



3 Check that the pulse on the thumb side of the wrist is still beating firmly. If not, remove the bandages and splint and reposition the arm until the pulse can be felt before refixing the splint in place.

If the pulse cannot be felt, the victim should be taken to the nearest hospital for urgent assessment.

4 Apply an arm sling, being careful to avoid jarring the injured arm at any time. To reduce swelling, ensure that the victim's fingers are slightly higher than the elbow joint. Place the long base of the triangular bandage down the centre of the body with the point at the elbow.

Keep the elbow slightly lower than the fingers

CONTINUED ▶

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5 Slip the sling behind the injured arm and around the neck. Bring up the lower point and tie the ends together on the injured side. Check that the hand is still higher than the elbow when the full weight of the arm is held by the sling.

6 Complete the sling at the elbow by bringing the point forward to the front of the arm. Secure the point to the front layer of the bandage with a safety pin, keeping the pin-head point downwards for safety.

7 Continue to check the victim's pulse and colour of the fingertips every few minutes until the injury has been assessed by a doctor. If any major changes are noted, obtain help urgently.

Seek medical advice as soon as possible.

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▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain in and around the injured area
- Feeling cold, shivery and nauseated
- Feeling faint and giddy
- Numbness in the extremities
- Loss of power and function in the elbow joint

▶ WHAT TO LOOK FOR

- Swelling (sometimes, but not in the early stages)

▶ WHAT TO DO

1 For an elbow joint or upper arm injury, do not attempt to either bend or straighten the limb but allow the victim to support it herself in the most comfortable position. The victim should be helped to either sit or to lie down, depending on her own preference and level of pain. Most people will prefer to lie down.

2 Support the injured limb with pillows or blankets.

These injuries are often complicated by damage to blood vessels and nerves so urgent medical assessment is vital. Call for an ambulance.

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ASTHMA ATTACK

An asthma attack usually occurs in response to a trigger such as an allergy, cold air, exercise or infection. During an asthma attack, the large and small airways which carry air in and out of the lungs become narrowed by muscle spasm, their mucous membrane lining becomes swollen and thick, sticky mucus is produced, further restricting the movement of air in and out of the body. Prompt first aid and medical advice may be life-saving.

▶ WHAT THE VICTIM MAY COMPLAIN OF

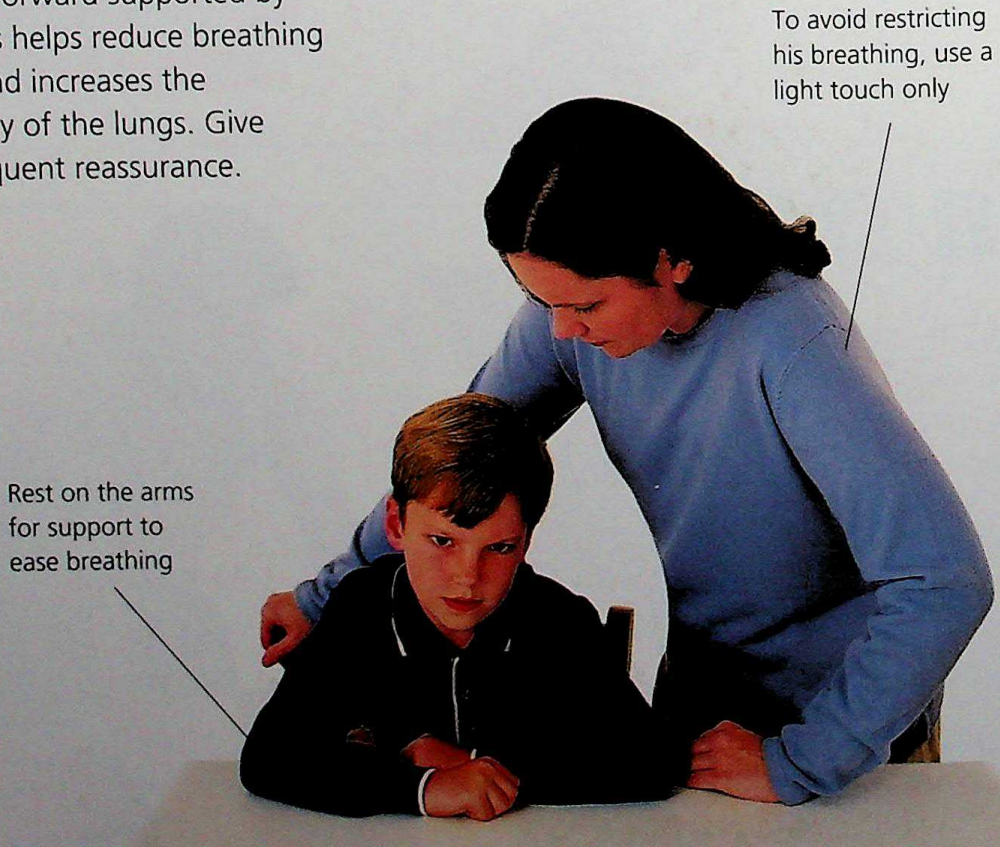
- **Difficulty in breathing, often associated with wheezing and coughing (though not all asthma victims have a wheeze)**

▶ WHAT TO LOOK FOR

- **A moist or dry cough, especially at night**
- **Difficulty in talking**
- **Blue lips**

▶ WHAT TO DO

1 Help the victim into a comfortable sitting position; leaning forward supported by the arms helps reduce breathing effort and increases the efficiency of the lungs. Give him frequent reassurance.



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2 If the victim has medication prescribed to relieve an asthma attack, help him to take it promptly. Often this will be a 'puffer' spray.

If there is no improvement or the attack is getting worse, call for an ambulance immediately.

3 If an ambulance is required, help the victim while waiting – if necessary – to take four puffs of the 'reliever' medication every four minutes, preferably through a 'spacer' device to ensure that the full dose is inhaled.

If the victim collapses, ***cardiopulmonary resuscitation (CPR)*** *may be needed as a life-saving measure until the ambulance arrives* ***(see pages 17–18)***.

MANAGING ASTHMA

- Many deaths still occur as a result of serious asthma attacks, so it is important that first aid and medical advice be provided for the victim as quickly as possible.
- Always have the asthma 'reliever' medication close by to ensure prompt treatment at the first sign of an attack.
- See the doctor at regular intervals to review your personal asthma management plan.
- If your asthma is triggered by allergens, take the 'preventer' medication before coming into contact with the trigger substance.
- If your asthma is triggered by exercise, do not stop the exercise except on medical advice. Exercise can improve health and so reduce the incidence of asthma attacks.
- For exercise-induced asthma, there are special 'preventer' medications to be taken before the exercise starts.

CONTINUED ▶

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ASTHMA MEDICATION

Appliances for prevention and relief

INHALERS

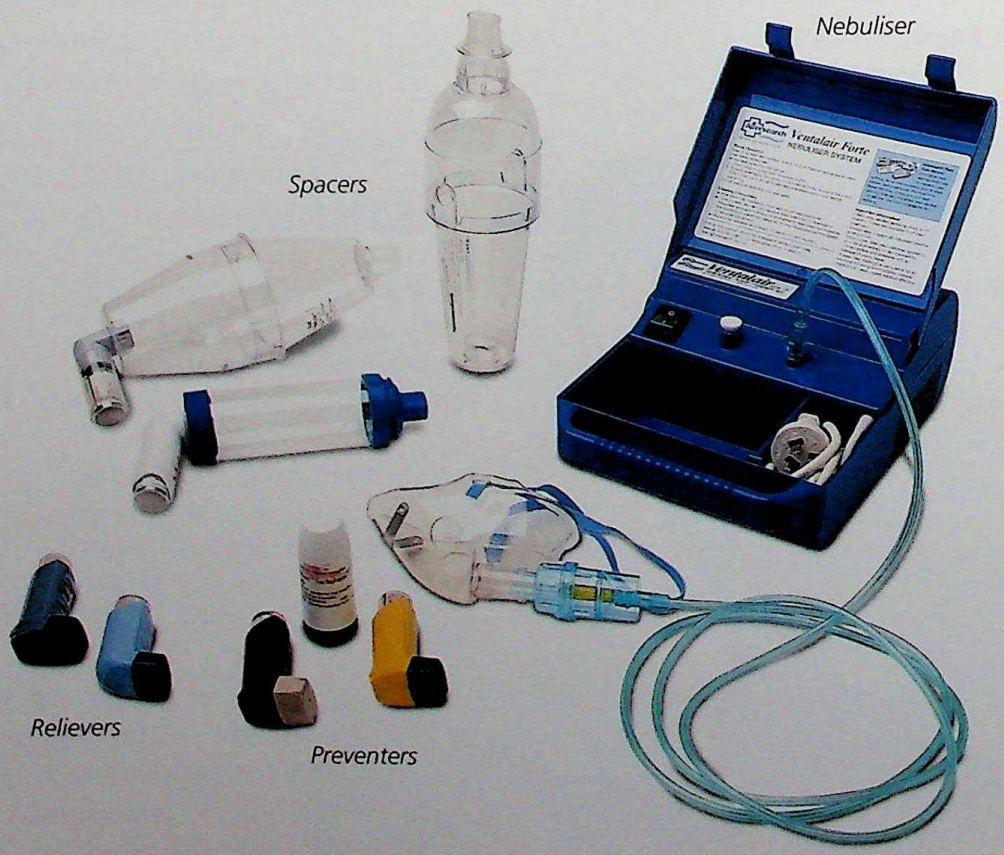
Many prescribed drugs are used to prevent and relieve asthma attacks. As a general rule, those which are designed to prevent asthma are colour-coded through a range of brown, cream, red and yellow shades. Those which are taken to relieve an attack ('puffers') are blue or grey in colour.

SPACERS

Spacers are devices to help the asthma sufferer inhale the correct prescribed dose of medication. There are several types, varying from the small-volume spacer (easy to pack, so ideal for travelling) to the large volume spacer (somewhat cumbersome to carry but more effective in delivering the medication). Some puffers have their own built-in spacer unit to ensure correct compliance with medical advice.

NEBULISERS

The victim of severe asthma may require a special pump, called a nebuliser, to deliver the appropriate medication in fine droplets through a special face mask. Nebulisers usually rely on electricity for their operation, but there are battery-powered units that are easily packed for travelling purposes.



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40 Back injury

41 Bites Animal

42 Bites Centipede

43 Bites Cone shell & blue-ringed octopus

44–45 Bites Snake

46–47 Bites Spider – funnel web

48 Bites Spider – redback

49 Bites Tick

50–51 Bleeding Internal

52–53 Bleeding Wounds

54 Bleeding Wounds with foreign object

55 Bruises

56–58 Burns and scalds

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BACK INJURY

The back muscles can be injured by heavy lifting, a severe fall or by a sudden turn of the trunk, resulting in a slipped disc. The lower back is most commonly injured and the victim may also suffer painful muscle spasm. More rarely, the spine itself may be injured after a heavy fall. If the pain is severe or follows a fall, seek urgent medical advice.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Back pain, sometimes radiating down the outer leg**
- **Restricted movement in the lower limbs**
- **Loss of sensation in the legs**
- **Headache**
- **Stiff neck; blurred or double vision**
- **Blood-stained urine (from internal bleeding)**

▶ WHAT TO LOOK FOR

- **Any signs of recent injury**
- **Drowsiness or loss of consciousness**

▶ WHAT TO DO

1 Where the injury is unlikely to be serious, help the victim to rest in the most comfortable position, generally lying flat with one pillow under her head.

If the injury is associated with a severe fall, and the victim is conscious, avoid moving her in case the spine has been injured. Call for an ambulance to assess and move the victim.

Use a pillow or other soft support for her head

2 If there is soreness of the lower back after carrying a heavy load, or after a sudden twisting movement, the victim should rest for up to an hour to help ease the muscle spasm.

If rest does not relieve the pain, seek medical advice as soon as possible. If the victim becomes unconscious, turn her onto her side at once. Check that the ***airway*** *is clear* ***(see page 13)****. Call for an ambulance promptly and watch for any change in condition while you wait.*

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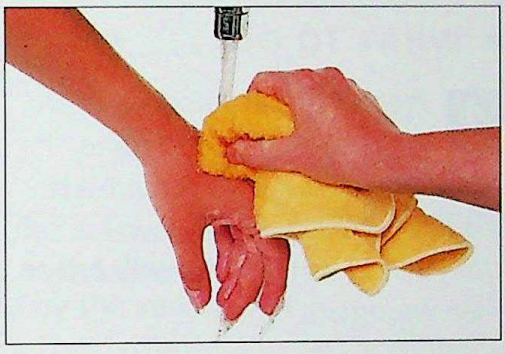
The most common animal bites are from dogs or horses, with children and elderly people being the most frequent victims. As well as causing wounds to skin and deeper tissues, animal bites tend to result in infection unless prompt medical treatment is given. A tetanus injection and a course of antibiotics may be prescribed by the doctor.

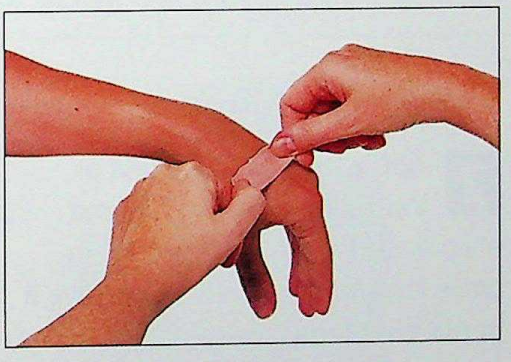
▶ WHAT TO DO

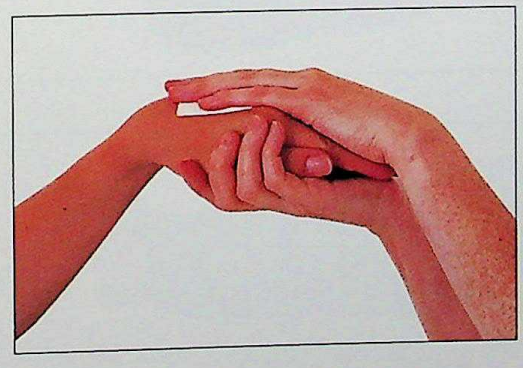
For a small wound

1 Wash the area which has been bitten as thoroughly as possible with soap and warm water.



2 Dry the area with a clean towel or blot it dry with clean tissues. Apply a sterile adhesive dressing over the wound.





For a large wound

1 Where there is obvious skin damage and some bleeding, apply pressure with your hand or fingers over a sterile or clean dressing.

2 When the bleeding is under control, apply a bandage to maintain pressure and keep the dressing in place. Always roll bandages from the inside of the limb outwards.

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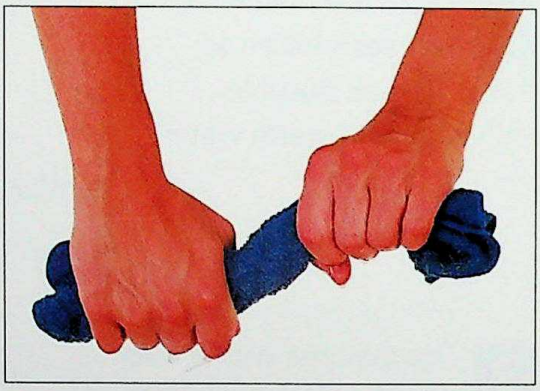
BITES Centipede

Centipedes may bite if disturbed, causing severe pain to the victim. They are usually found in dead wood, hollow logs and under the bark of old trees. No deaths or serious injury have ever been recorded from centipede bites. Millipedes are smaller than centipedes and although harmless, curl up into a catherine-wheel shape when alarmed and release a yellow fluid – often with an offensive smell. If rubbed onto an open or recent wound the fluid can cause extreme discomfort.

▶ WHAT TO DO

1 Prepare a cold compress or an ***ice pack (see page 218)*** to relieve the pain. A cold compress is made by soaking a small towel or soft cloth in iced water. The compress is then wrung out firmly.



2 Apply the cold compress or ice pack to the bite site and encourage the victim to keep it in place for ten minutes. Do not leave it in place for longer, especially if using it for a child or an elderly person. Re-apply the compress for ten minutes in every hour or as often as necessary for pain relief.

Seek medical advice if the pain is severe or if it continues for more than 12 hours.

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The cone shell and the blue-ringed octopus are marine molluscs which have life-threatening bites. The severe effects of the venom develop within a few minutes so immediate first aid is vital. If the victim is hospitalised at an early stage, a respirator may be used to maintain breathing until the paralysing venom wears off, in 12–24 hours.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Increasing numbness of the lips and tongue**
- **Progressive weakness of the muscles**

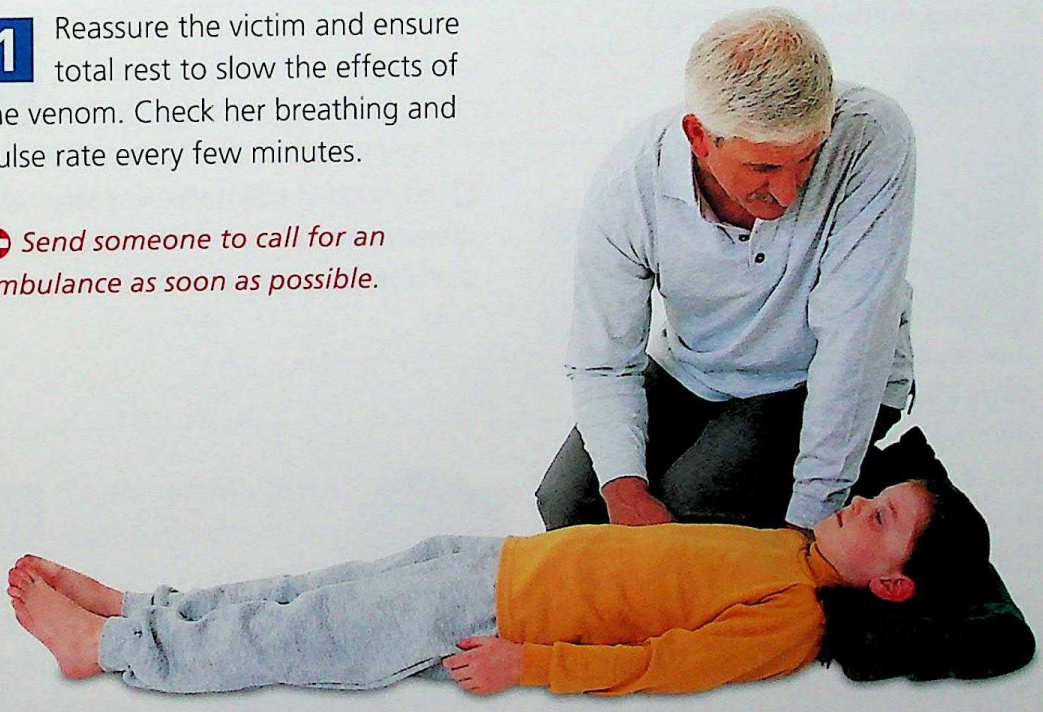
▶ WHAT TO LOOK FOR

- **Breathing failure within 30 minutes as the diaphragm and chest muscles become paralysed by the venom**

▶ WHAT TO DO

1 Reassure the victim and ensure total rest to slow the effects of the venom. Check her breathing and pulse rate every few minutes.

Send someone to call for an ambulance as soon as possible.



2 If the bite site is on a limb, apply the ***pressure immobilisation bandaging technique*** immediately ***(see next page)***. Watch for signs of loss of consciousness. If it becomes necessary, begin **cardiopulmonary resuscitation (CPR)** promptly **(see pages 17–18)**.

If help is unavailable and you are in an isolated location, carefully drive the victim to the nearest medical centre or hospital where urgent treatment can be given.

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BITES Snake

The majority of snake species are non-venomous. However, unless identification is certain, all snake bites should be treated as if from a venomous species. Most snake bites occur in the countryside and there may be no time to leave the victim and go for help. Although the venom cannot be removed, prompt first aid can prevent it from entering the victim's blood circulation at a rapid rate. This can be life-saving.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Nausea and/or vomiting**
- **Headache**
- **Blurred or double vision**
- **Difficulty speaking and/or swallowing**
- **Weakness or paralysis of arms and/or legs**
- **Breathing difficulties**

▶ WHAT TO LOOK FOR

- **Fang marks (rarely seen)**

▶ WHAT TO DO

1 **DO NOT cut, wash or suck the bite site.** Use the ***pressure immobilisation bandaging technique***, as shown here. Apply a wide, crepe ***roller bandage (see page 202)*** firmly over the bite site. Remove a loose shoe, but not a firm-fitting one – the movement may stretch the muscles and speed up the entry of venom into the victim's system.

⊕ *It is vital to stay calm and to send someone to call for an ambulance without delay.*

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2 Apply a second wide, crepe bandage to the bitten limb, working upwards from the toes towards the knee. Apply firm, even pressure. Use as many bandages as necessary to cover the area.

3 Ensure total immobilisation by splinting the legs together. Improvise a splint to keep the leg still with a tightly rolled blanket or clothing placed between the victim's legs to restrict muscle movement.

4 Tie the victim's legs together with bandages or improvise by using whatever clothing is to hand. Keep the limb as still as possible during the process. Continue reassuring her and explain what is being done and why.

5 Keep the victim lying down because any movement will increase the rate at which venom enters the circulation. If it is cool, cover her with clothing or a blanket. Improvise shade if she is in the sun.

Watch for signs of loss of consciousness. If it becomes necessary, begin ***cardiopulmonary resuscitation (CPR)*** *promptly* ***(see pages 17–18).***

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BITES Spider – funnel web

The funnel web spider is deadly, but as it lives only in Australia contact with it may be little. Should you be with someone who is bitten by one, however, quick action is needed. The bite is both painful and life-threatening although prompt first aid will allow the victim to reach hospital before too much venom enters the circulation.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain around the bite site
- Tingling around the mouth
- Increased saliva production
- Abdominal pain
- Twitching of muscles
- Breathing problems

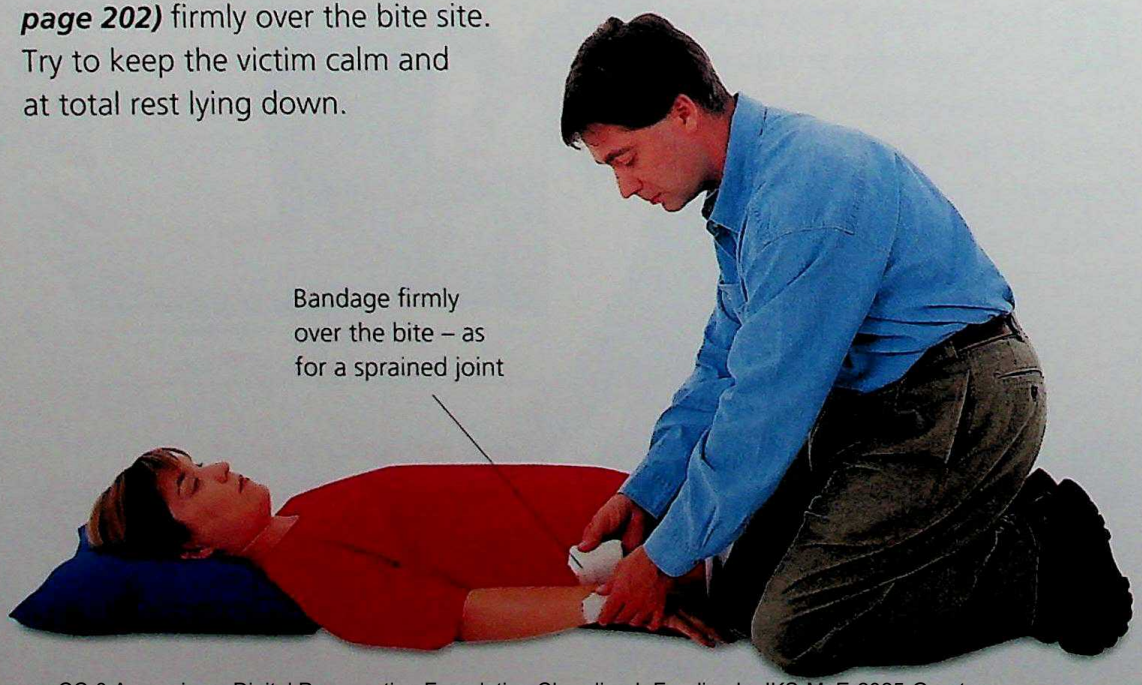
▶ WHAT TO LOOK FOR

- Heavy sweating
- Drowsiness or loss of consciousness

▶ WHAT TO DO

Call for an ambulance urgently.

1 Use the ***pressure immobilisation bandaging technique***, as shown here. This will not stop venom from entering the body but slows down the rate at which it enters the circulation. Apply a crepe ***roller bandage (see page 202)*** firmly over the bite site. Try to keep the victim calm and at total rest lying down.



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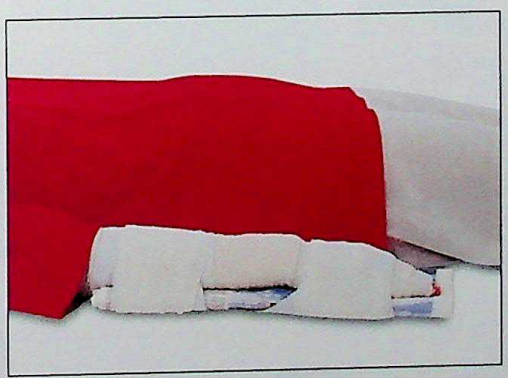
2 Apply a second crepe roller bandage starting at the fingers and rolling up to the elbow joint. Apply firm and even pressure, as for a sprained joint, but be careful not to restrict the circulation in any way.

Use the second bandage to slow the entry of venom into the circulation

3 Apply a splint of flattened, rolled newspaper to the lower arm and hold it in place with roller bandages or improvise with strips of clothing or other material.



4 Gently place the arm in a sling with as little movement as possible. Keep the victim lying down, at rest and reassured, until an ambulance arrives. Check the level of consciousness, breathing and pulse every few minutes and note any changes. If it becomes necessary, begin **cardiopulmonary resuscitation (CPR)** promptly **(see pages 17–18)**.

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BITES Spider – redback

The redback spider, which is found in Australia and South-East Asia, has a venom more dangerous to young children than to adults. For a small child or baby bitten by a redback spider, always seek medical advice promptly.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain at the bite site (which may spread to the opposite limb)
- Nausea and/or vomiting and stomach cramps
- Severe bouts of sweating
- Swollen glands in the armpit or groin area closest to the bite site

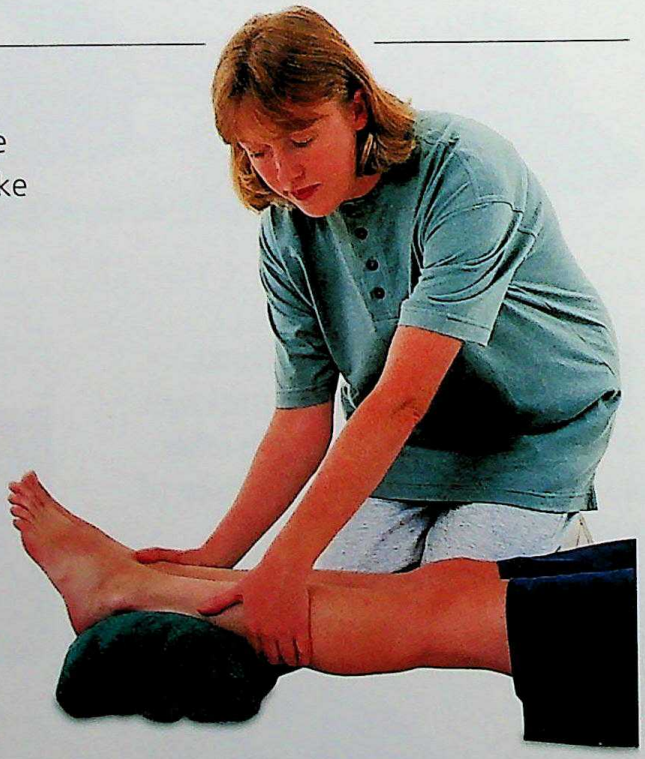
▶ WHAT TO LOOK FOR

- Development of a hot, swollen and reddened area around the bite site

▶ WHAT TO DO

1 Reassure the victim and encourage total rest. Help the victim to raise the injured limb. Make an ***ice pack (see page 218)***.

⊕ *If the victim develops any of the symptoms and signs of envenomation (see above), call for an ambulance. Check the victim's level of consciousness, breathing and pulse every few minutes while waiting.*



2 Wrap the ice pack in a damp tea towel or similar cloth and place it over the bite site to relieve the pain. Remove the ice pack after a maximum of ten minutes. Apply a fresh ice pack for up to ten minutes in every hour if needed for pain relief.

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A tick attaches itself to the victim's body and partly buries itself in hairy areas or skin crevices injecting venom, the effect of which will last over a long period. The symptoms can be severe if a tick attaches itself to a small child and is not found until the child has become very ill.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain or itching**
- **Muscular weakness and loss of coordination**
- **Blurred or double vision**
- **Difficulty in swallowing**
- **Difficulty in breathing**

▶ WHAT TO DO

1 If the victim shows signs of an allergic reaction to a tick on a limb, apply the ***pressure immobilisation bandaging technique*** before trying to remove the tick ***(see pages 46-47)***.

2 Remove the tick by levering it out of the skin using a pair of tweezers. Slide the blades along the sides of the tick, being careful not to squeeze, pull or cut out the tick as this may inject more venom: the aim is to remove it whole.

3 Carefully check the victim's body for other ticks. Ticks are tiny creatures, so look at the hairline and crevices with a magnifying glass.

⊕ *Always seek medical advice after removal of a tick because of the risk of infection.*

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BLEEDING Internal

Internal bleeding is the term used for loss of blood into the skull, chest or abdomen. If the victim has a condition which causes internal bleeding or if he or she has suffered a recent injury, arrange for a medical assessment as soon as possible. Because internal bleeding may not always be visible, you may be unaware of any injury or illness. However, there are crucial warning signs to look for (see table below).

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain and tenderness over the head or trunk**
- **Nausea and/or vomiting**
- **Increasing thirst**

▶ WHAT TO LOOK FOR

- **Cold, clammy and pale skin**
- **Weak and increasingly rapid pulse**
- **Rapid and gasping attempts to breathe ('air hunger')**

VISIBLE SIGNS OF INTERNAL BLEEDING

BODY PART	INJURY/CONDITION	RESULT
Ear	Fractured skull Damage to ear canal or eardrum	Blood and clear fluid Fresh blood
Nose	Fractured skull Damage to nose	Blood and clear fluid Fresh blood
Mouth	Fractured jaw or damage to mouth	Fresh blood
Lung	Lung or upper airway injury	Bright red frothy blood, coughed up
Stomach	Stomach or duodenal ulcer	Dark brown material like coffee grounds, vomited up
Bowel	Damage to intestines	Black tarry stools
Rectum	Haemorrhoids (piles)	Fresh blood
Kidney	Damaged kidney or kidney stones	Dark urine with dark blood present
Bladder	Damaged bladder or ureter	Blood-stained urine, sometimes with clots

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▶ WHAT TO DO

1 Help the victim to lie down in the most comfortable position possible. The victim will choose the position which eases the pain and you should try to provide support for the chosen position with pillows or blankets. Generally, the conscious victim will feel better with her legs raised slightly and this will reduce the symptoms of shock.

Call for an ambulance as soon as possible because the victim may suddenly collapse or become unconscious.

2 Cover the victim lightly with clothing or a blanket unless the weather is very hot. If outside, ease some protective fabric, such as a blanket, clothing or even newspapers, under the victim to avoid heat loss from a cold surface. Try to reduce all movement of the victim to avoid further internal blood loss.

3 Reassure the victim at frequent intervals. Observe any changes which may occur and count the pulse and breathing rates every few minutes. If the victim is losing consciousness, turn her onto her injured side (if the injury site is known). Stay with the victim until the ambulance arrives.

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BLEEDING Wounds

When a person receives a small cut, instinct usually takes over and the victim will apply firm pressure over the wound to stop the bleeding and ease the pain. Raising the injured part as high as possible further eases the pain by reducing pressure in the cut blood vessels. If the wound is severe or deep, the first aid needed is exactly the same. Whenever possible, a pad or fabric barrier should be placed over the wound to avoid contact with another person's blood, but if bleeding is severe, no time should be lost in applying pressure.

▶ WHAT TO DO

1 Apply direct pressure over the wound, using a sterile or clean bulky dressing. If you do not have one, a bulky pad can be made from tissues. If the victim can apply pressure to her own wound, this is best because she will know how much pressure to apply.

Raise the injured part above the level of the heart to reduce blood flow to the wound

2 Help the victim to rest: lying down is preferable. If she is feeling faint and giddy, raise her legs a little if this can be done quickly and easily.

Use a pillow or folded blanket to raise the legs

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3 Fix the dressing firmly in position with a bandage or folded ***triangular bandage (see page 203)***. If you do not have a bandage, improvise with pantyhose or a long sock.

4 Check the colour of the fingertips to make sure that the bandage is not too tight. If the skin on the injured side looks blue, white or mottled, the bandage should be loosened. When the dressing is in place check that the bleeding is controlled. If blood is showing through the dressing and bandage, remove and replace them promptly.

5 Do not add more dressings over the first pad because this will further reduce the pressure on the wound. For lower arm or hand injuries, apply an ***elevation sling*** for support and pain relief ***(see page 213)***.

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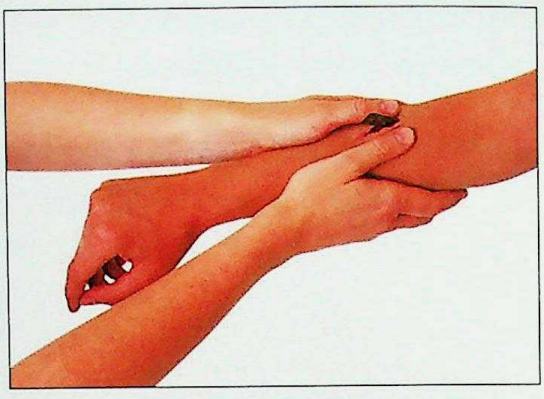
BLEEDING Wounds with foreign object

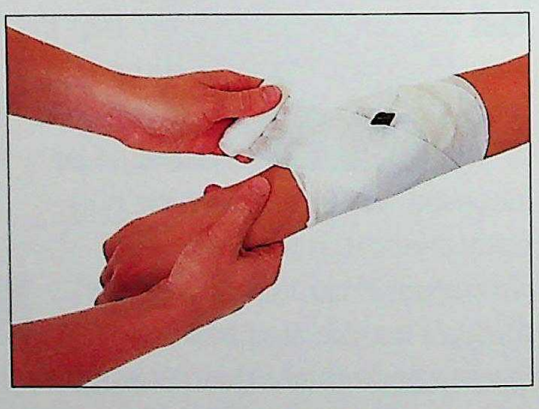
▶ WHAT TO DO

1 If there is a foreign object such as a glass or metal fragment or a large splinter embedded in the wound, use pressure around the object to stop any bleeding.



2 Build up padding either around, or on either side of, the wound. **DO NOT try to remove the foreign object because it may be helping to control the bleeding.**

3 Maintain the padding in position with a ***roller*** or ***triangular bandage (see pages 202 and 203)*** in a figure-of-eight (criss-cross) formation around the foreign object.



■ If the injury is on the leg, raise the limb gently and support it on pillows or blankets. If the injury is on the lower arm or hand, apply an ***elevation sling (see page 213)***.

⊕ *Seek medical advice as soon as possible because the object will need to be removed carefully to avoid further tissue damage. With metal or wood fragments there is an additional risk of infection which will need medical assessment and care.*

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BRUISES

Bruises can be caused by a blow, a heavy fall or when a blood vessel close to the surface of the body is damaged in a collision. Blood loss into the tissues can be seen through the skin, with colours changing from red to purple as the blood is slowly reabsorbed into the body.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain at the injury site**
- **Pressure beneath the skin**

▶ WHAT TO LOOK FOR

- **Bluish discolouration around the injury site**
- **Swelling of the injured area**

▶ WHAT TO DO

1 If the injury is only a few minutes old, first stop any further bleeding into the tissues by raising the affected body part on pillows or some rolled-up clothing and applying a pressure pad and bandage.

2 After ten minutes of firm pressure to stop any more bleeding into the tissues, prepare an ***ice pack (see page 218)***. This will reduce the pain and swelling. If you are applying a wrapped ice pack, first remove the bandage; an unwrapped ice pack may be applied over the bandage.

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BURNS AND SCALDS

Burns are caused by contact with a heat source such as hot metal, chemicals or electricity. Scalds are caused by contact with steam or hot liquid. Burns are classified as: superficial (only the top layer of skin is involved); partial thickness (injury involves the deep layer of skin); full thickness (damage involves the skin and deep tissues). The amount of pain felt is not a true guide to the severity of the injury because superficial and partial thickness burns are often more painful than a full thickness burn in which the nerve endings have been destroyed.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain/no pain (see above)**
- **Cold, clammy skin**
- **Nausea and/or vomiting**

▶ WHAT TO LOOK FOR

- **Black or red skin which may be blistered**
- **Swelling**
- **Clear fluid weeping from the skin**

▶ WHAT TO DO

1 Cool the burn or scald at once with cold running water from the nearest tap. If clothing has stuck to the skin, do not try to remove it but cut around the parts which are sticking. Remove all jewellery from the burned area including watches, rings or other items which may have been trapped by swelling.

2 Continue cooling for up to 20 minutes. Try to keep the stream of water close to the injury site to avoid causing the victim further pain.

Seek medical advice or, if the burned or scalded skin covers an area greater than the victim's own palm, call for an ambulance.

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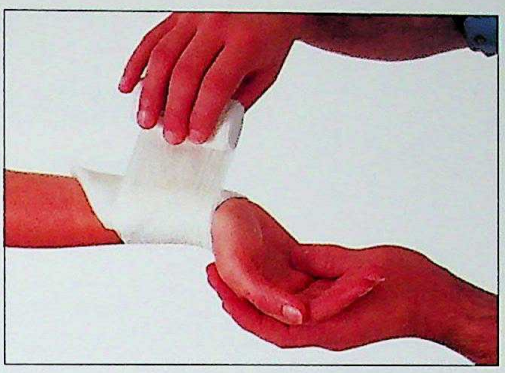
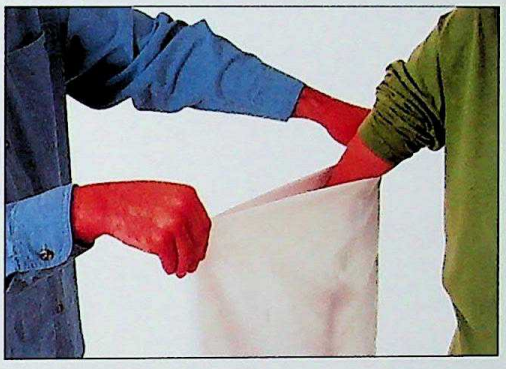
3 Cover the burned area with a sterile non-stick dressing. Apply a light cotton bandage to hold the dressing in place.



■ If a sterile dressing is not available, use a clean sheet or pillow case or other non-fluffy, clean fabric. Covering the burn will reduce the pain and reduce the risks of infection.



■ If the burn is on an arm, support the injured area with the other arm or rest the arm on a pillow.

4 While waiting for transport keep the victim lying down, with the legs raised on a blanket or a pillow to reduce shock. Avoid giving her any food or drink, unless the burn is very small, in case an anaesthetic is needed.

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TREATMENT OF BURNS AND SCALDS

Chemical burn

If the chemical is in powder or crystal form, first brush off any loose particles using a small piece of cloth and then cool as for any burn. Chemical burns need to be cooled for up to 15 minutes to adequately cool the damaged tissues. *Medical advice is always needed to counteract the effects of a chemical burn.*

Electrical burn

When an electric current flows through the body, damage results to all the tissues in its path. There will be a contact burn where the electricity entered the body and an exit burn where it earthed. Both injuries need treatment by cooling once the power source has been made safe. If electricity passes through the heart on its way to earth, the victim may need urgent cardiopulmonary resuscitation (see pages 17–18 for CPR).

Lightning strike burn

This is an electrical burn in which there will be entry and exit burns. The results are usually severe and cardiac arrest commonly occurs. *Call for an ambulance as soon as possible and keep the victim at rest while the burns are treated. If cardiac arrest has occurred, give CPR until the ambulance arrives.*

Mouth and throat burns

When very hot food or fluids are swallowed, superficial burns may result. Apart from the severe pain, the victim may suffer extensive swelling of the lining of the mouth and throat, resulting in the narrowing or closure of the upper airway. *This can be life-threatening and urgent medical advice must be obtained.* While waiting for transport to a doctor or hospital, give the victim sips of cool fluids but avoid ice. Observe the victim closely in case breathing fails and resuscitation is needed.

Sunburn

Prolonged exposure to the sun can result in painful superficial burns. Cold running water will give some pain relief if the burn is not extensive. At night a sunburn lotion, such as calamine, can help the victim sleep. Give frequent drinks of clear, water-based fluids, such as fruit cordials, to maintain the body's fluid balance.

If the sunburn is extensive or very painful, seek medical advice. A small child may need to be admitted to hospital for treatment and pain management, and to be treated for dehydration.

Burn blisters

It is best not to burst blisters because once the fluid within them is released, the area may be more painful without the 'cushion' of protection. So, if blisters are seen in a burned or scalded area, padding should be applied to avoid accidental bursting. The blister will gradually reabsorb the fluid inside the 'bubble'. *If the blister is painful or in an area where it cannot be protected, it is best to seek medical advice; a doctor may drain it under sterile conditions.*

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60–61 Chest injury

62–65 Childbirth

66–68 Choking Adult

69 Choking Child

70–71 Collarbone fracture

72–73 Concussion

74–75 Convulsions Child

76 Cramp

77 Croup

78 Crush injury

79 Cuts Deep

80 Cuts Surface

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CHEST INJURY

An injury to the chest may lead to life-threatening internal bleeding with the possibility of breathing and circulation problems, especially if the injury is accompanied by a wound.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Breathing difficulty with shallow and gasping breaths**
- **Chest pain**

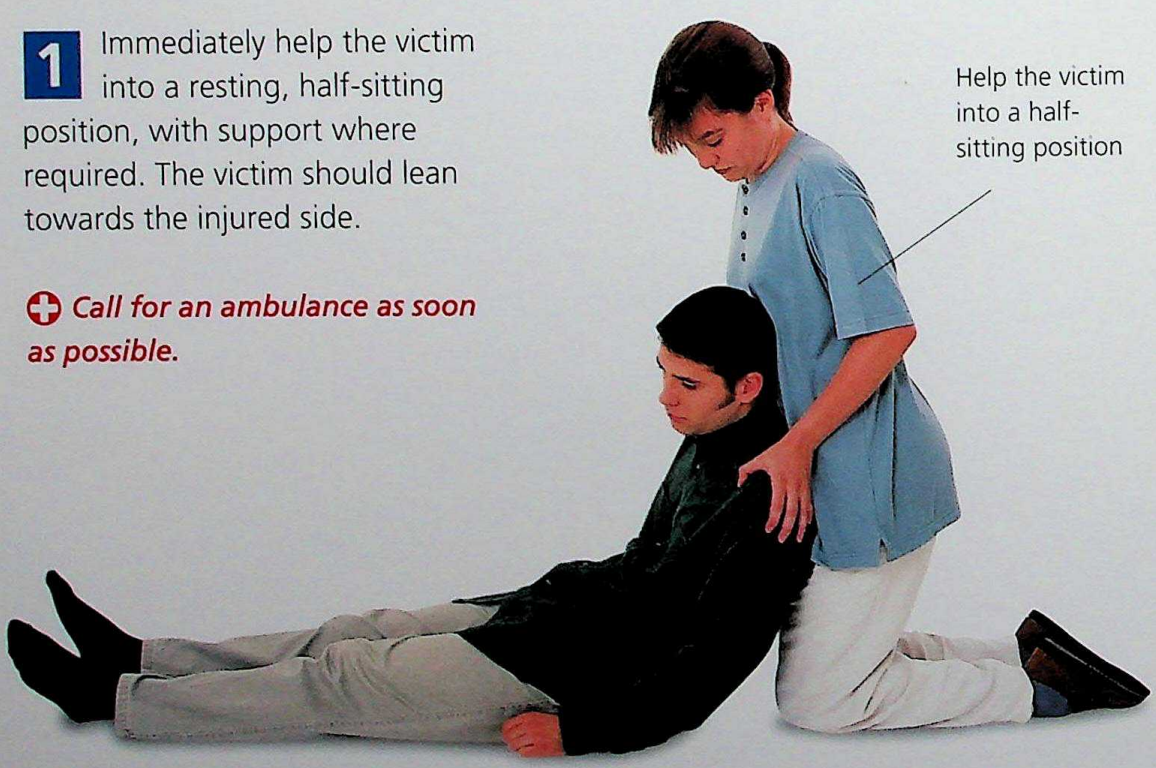
▶ WHAT TO LOOK FOR

- **Bright red, frothy blood coughed up**
- **Blueness of tongue and lips**
- **Sucking noise as air enters the chest cavity with each breath**
- **Blood-stained fluid bubbling around the wound**

▶ WHAT TO DO

1 Immediately help the victim into a resting, half-sitting position, with support where required. The victim should lean towards the injured side.

⊕ *Call for an ambulance as soon as possible.*



Help the victim into a half-sitting position

2 Check for a wound. If one is found, stop any bleeding and restrict the entry of air into the chest cavity by placing your hand firmly but gently over the wound. If a dressing or a clean tissue is readily available, use it as a barrier between your hand and the wound.

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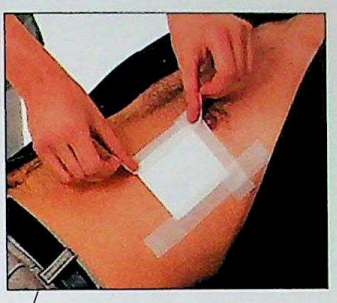
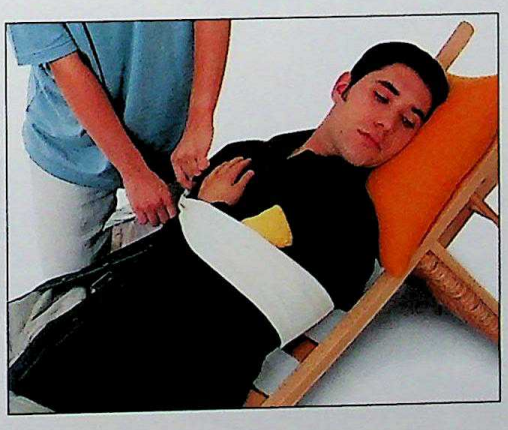
3 To allow air to escape, but not to enter, seal the dressing on three sides with adhesive tape. Leave the bottom edge open to let air escape. Then cover the whole dressing loosely with an unsealed square of plastic food wrap or aluminium foil. This will prevent any air entry.



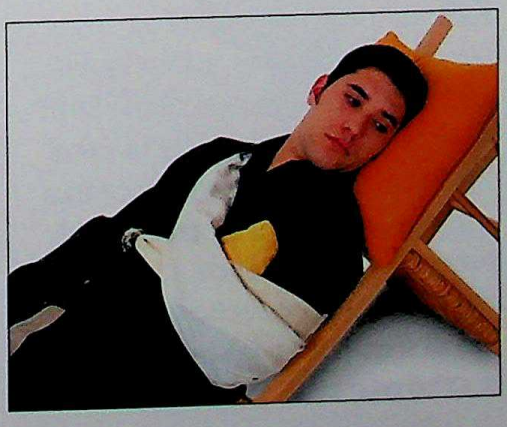
Tape the sides and top of the dressing only

An upended chair is a useful support

4 If an ambulance is likely to take some time to arrive, place some padding over the dressing, between the arm and chest wall. Then apply a broad bandage around the chest and over the arm on the injured side to provide support to the injured area.



5 If necessary for comfort and support, apply an ***elevation sling (see page 213)*** over the injured side with the chest binder underneath. Give frequent reassurance to the victim and check breathing and pulse rate every few minutes, noting any change in condition.



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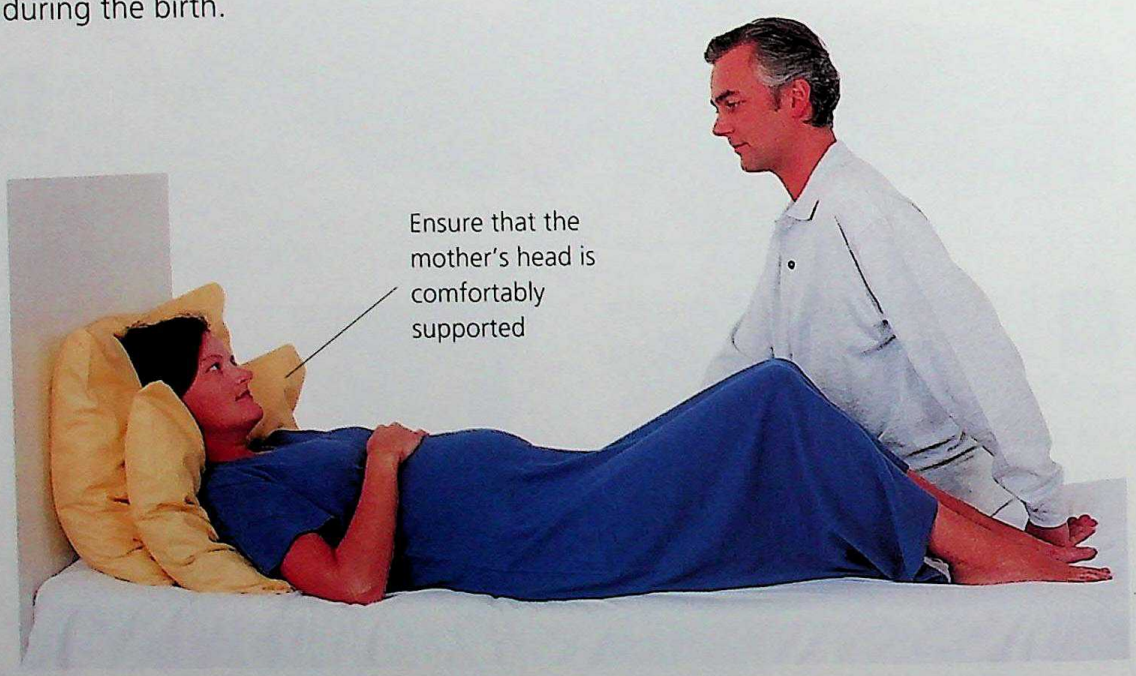
CHILDBIRTH

When a baby arrives before the mother reaches hospital, there are usually few complications although the situation can be frightening and stressful. Labour has three stages: first, the birth canal stretches and the uterus contracts every few minutes in preparation for pushing the baby out – this usually lasts for at least 12 hours for a first baby, but may be only two to three hours for a subsequent baby; second, the baby is born; third, the placenta (afterbirth) is delivered.

▶ WHAT TO DO

1 Help the mother to lie down on a bed or on the floor if necessary. Provide support for her head and shoulders with pillows, blankets or rolled-up clothing. Find some clean towels or old cotton sheeting to place under the mother during the birth.

Call for an ambulance as soon as possible.



2 Although the mother will want to 'push' with each contraction, advise her instead to 'pant like a dog'. This is to avoid damage to the birth canal if it is not fully ready to expel the baby. When the mother cannot pant any more and is pushing with every contraction, encourage her to rest between contractions and breathe quietly to regain her strength for the next one.

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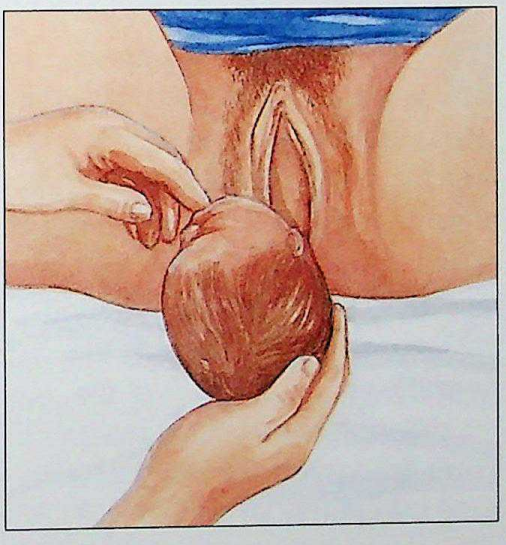
3 When the baby's head appears, support it lightly on your hands until the next contraction comes and expels the body. The head will rotate slightly on your hands as the shoulders turn sideways ready to be born. Do not interfere with the natural movement of the baby because any resistance can be harmful.

4 Check that the mouth and nose are clear of the birth membrane and remove any remnants which might interfere with the baby's first breath. Check for a loop of cord around the baby's neck and if one is felt, quickly slip it over the baby's head to avoid it tightening on the neck as the baby is born.



5 Be ready for the start of the next contraction when the shoulders will suddenly appear, one at a time. Do not pull on the baby but instead let the mother's contractions do the work and allow the baby to be born naturally.

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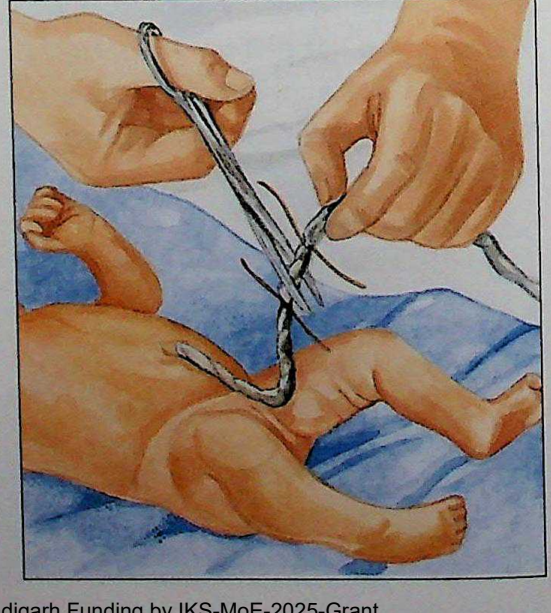
6 When the baby slips out of the birth canal, quickly place on one side between the mother's legs. Immediately check that the mouth is clear of mucus. Cover the baby in a towel to maintain warmth and keep the head covered to conserve heat.

7 Once the baby is breathing, watch the umbilical cord until it stops pulsating. Then tie off the cord with two ties made of string (or strips of pantyhose). Avoid fine string which can cut into the cord. Apply the first tie about 15 cm from the navel and the second about 20 cm from the navel. Do not cut the ends of the ties too short as they may loosen. Try to avoid pulling on the cord while tying the knots.

8 If an ambulance is due shortly, cover the cord with a clean or sterile dressing and leave it attached to the baby and the afterbirth. If the ambulance is likely to be more than half an hour, the cord should be cut. Use clean, sharp scissors to cut between the two ties. Then apply a third tie only 10 cm from the baby's navel in case the first tie becomes loose as the cord shrinks. Cover the cut end with a sterile dressing and watch for any sign of bleeding.



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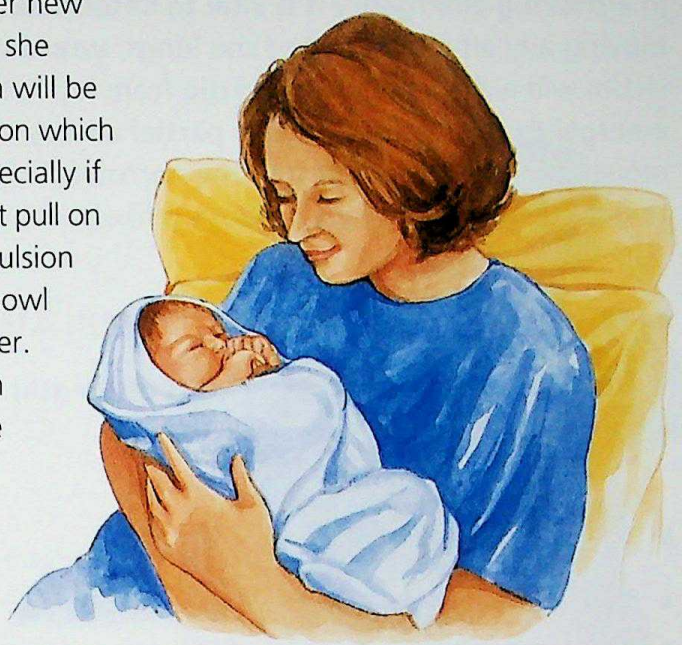
9 Let the mother nurse her new baby and breast-feed if she wishes to do so. The placenta will be delivered with a mild contraction which the mother may not feel, especially if she is feeding the baby. Do not pull on the cord to speed up the expulsion of the placenta. Save it in a bowl for the doctor to examine later. Keep mother and baby warm together until the ambulance or the doctor arrives.



COMPLICATIONS IN CHILDBIRTH

Babies are usually born head first. However, if the baby has turned around inside the womb, it may arrive in another position. Without any pressure from the baby's head, the birth process will be longer and more complicated and will usually need medical help.

'Breech' position

This is when the baby emerges buttocks first, which can delay the second stage of labour. Warn the mother to stop pushing at this stage, and to puff hard to make the contractions ineffective. If the baby's buttocks and trunk are delivered before trained help arrives, DO NOT try to help the head out, because brain damage could occur. Keep the baby warmly wrapped, half in and half out of the birth canal, to avoid the risk of cold air on the chest stimulating breathing before the head is free.

If the head is not visible

Sometimes a foot, arm or the baby's face will arrive first. If the top of the head cannot be seen, always try to slow down the birth process (as above).

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CHOKING Adult

In a choking emergency it is vital to determine whether the victim is moving any air in and out of the lungs: in a total airway obstruction the victim will quickly collapse and die from lack of air and oxygen unless emergency action is taken; in a partial airway obstruction some air movement continues through the narrowed windpipe and there is time to get medical aid before collapse is likely.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Difficulty in breathing (shortness of breath)**
- **Difficulty in speaking**

▶ WHAT TO LOOK FOR

- **Distress**
- **Noisy breathing, wheezing or a high-pitched 'crowing' noise**
- **Inability to speak**
- **Congested face skin with blueness of the lips**
- **Throat-clutching or a pointing to the throat**
- **Later, collapse and unconsciousness**

▶ WHAT TO DO

If the victim is still able to breathe, speak, cry or cough (partial airway obstruction)

1 The victim will be conscious but distressed with the struggle to breathe. Be reassuring and encourage her to cough or breathe through her nose. She may stand up to breathe, using a chair or table for support. **DO NOT thump her on the back** – this may make foreign material go further down into the airway.

2 If the victim recovers quickly, allow time for the throat to relax before offering a soothing drink. Often the victim will not want to eat or drink for a while.

⊕ *If the breathing becomes noisy, call for an ambulance to take the victim to hospital for emergency treatment.*

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If the victim is unable to breathe, speak, cry or cough (total airway obstruction)

1 The victim will rapidly lose consciousness. He should be eased to the ground and laid on one side, to keep the **airway** clear and open **(see page 13)**.

Be prepared to ease the victim gently to the ground

2 Give the victim up to four sharp blows between the shoulder blades, using the heel of your hand, in an attempt to loosen or shift the foreign material blocking the airway.

Aim firm blows directly at the area between the shoulder blades

CONTINUED ▶

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3 If the victim still cannot breathe, give up to four chest thrusts. Kneeling beside him, put one hand on the side of his chest, close to the armpit. Put your second hand beside the first. With straight arms, give up to four quick downward thrusts in an attempt to move air from the lungs and up the airway to shift the foreign material.

4 If there is still no improvement, check the **airway** to make sure that it is clear **(see page 13)**. If any foreign material is seen or felt at the back of the throat, remove it promptly. Open the airway as far as possible by tilting the victim's head back and supporting the lower jaw in a forward position.

5 Check again for any signs of breathing: look and feel with your hand for movement of the lower chest or upper abdomen, and listen for air escaping from the mouth or nose. If the victim is still not breathing, turn him on his back and begin **expired air resuscitation (EAR) (see page 14)**, attempting to blow air past the obstruction and clear the airway.

Shout for help or, if no help is available, call for an ambulance.

Try to keep giving EAR without any breaks. If the pulse ceases, begin ***cardiopulmonary resuscitation (CPR)*** *at once* ***(see pages 17–18)*** *and continue until trained help arrives.*

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▶ WHAT TO DO

If the victim is still able to breathe, speak, cry or cough (partial airway obstruction)

Allow the child to find the easiest breathing position. **DO NOT thump the victim on the back** as the obstruction might go further down the airway.

If the breathing becomes noisy, call for an ambulance to take the child to hospital for emergency treatment.

If the victim is unable to breathe, speak, cry or cough (total airway obstruction)

1 The child will become unconscious and should be placed face-down across your lap or lying on one side on the floor. Give up to four back slaps between the shoulder blades, using the heel of your hand.

2 If the child still cannot breathe, give up to four chest thrusts. Put one hand on either side of the chest wall, close to the armpits. Give four quick inward thrusts to move some air from the lungs up the airway to shift the foreign material.

3 If the child is still not breathing, check the airway to make sure it is clear. If any foreign material is seen or felt at the back of the throat, remove it, using one finger only.

If the airway is clear and breathing still absent, begin expired air resuscitation (EAR) (see page 14) in an attempt to blow air past the obstruction.

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COLLARBONE FRACTURE

The most frequent cause of a collarbone fracture (broken bone) is a fall onto the outstretched hand where the weight of the body causes the collarbone to break under the strain. The injury usually occurs in the outer part of the bone where it starts to join the shoulder joint.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain and tenderness at or around the injury site**
- **Pain increased by even slight movement**
- **Nausea or vomiting**

▶ WHAT TO LOOK FOR

- **The victim will support the weight of the arm at the elbow**
- **Head tilted to the injured side to ease the pain**
- **Injured shoulder joint a little lower than the uninjured side**
- **Obvious swelling or deformity over the injury site**
- **A reluctance to move any part of the trunk or injured limb**

▶ WHAT TO DO

1 Allow the victim to support the limb on the injured side in the position which is most comfortable for him. The injured shoulder often droops lower than the uninjured side because the shoulder joint has lost the support of the collarbone.

Use the opposite arm to support the weight of the injured area

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2 Place soft padding between the arm and chest wall to provide the victim with extra support for his injury. Use a folded towel or sweater and try to ease it into place without moving the arm.

3 If the victim is to be taken to a doctor or hospital by car and needs further support, use the body as a splint. Apply a broad bandage around the body, securing the arm against the chest. Tie off with a reef knot on the uninjured side of the body.

Seek medical advice promptly.

4 The victim will still need to support the arm because every movement of the body will cause some pain. Sometimes he will prefer to do this without a bandage.

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CONCUSSION

Concussion is a head injury which can follow a blow to the head or jaw, or result from a heavy fall onto the head, feet or buttocks. The jarring which occurs causes the brain to be shaken around inside the skull, resulting in internal bruising, swelling and sometimes bleeding. A brief loss of consciousness may occur with concussion, often with some short-term memory loss.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Headache**
- **Nausea or vomiting**
- **Tiredness**
- **Blurred or double vision**

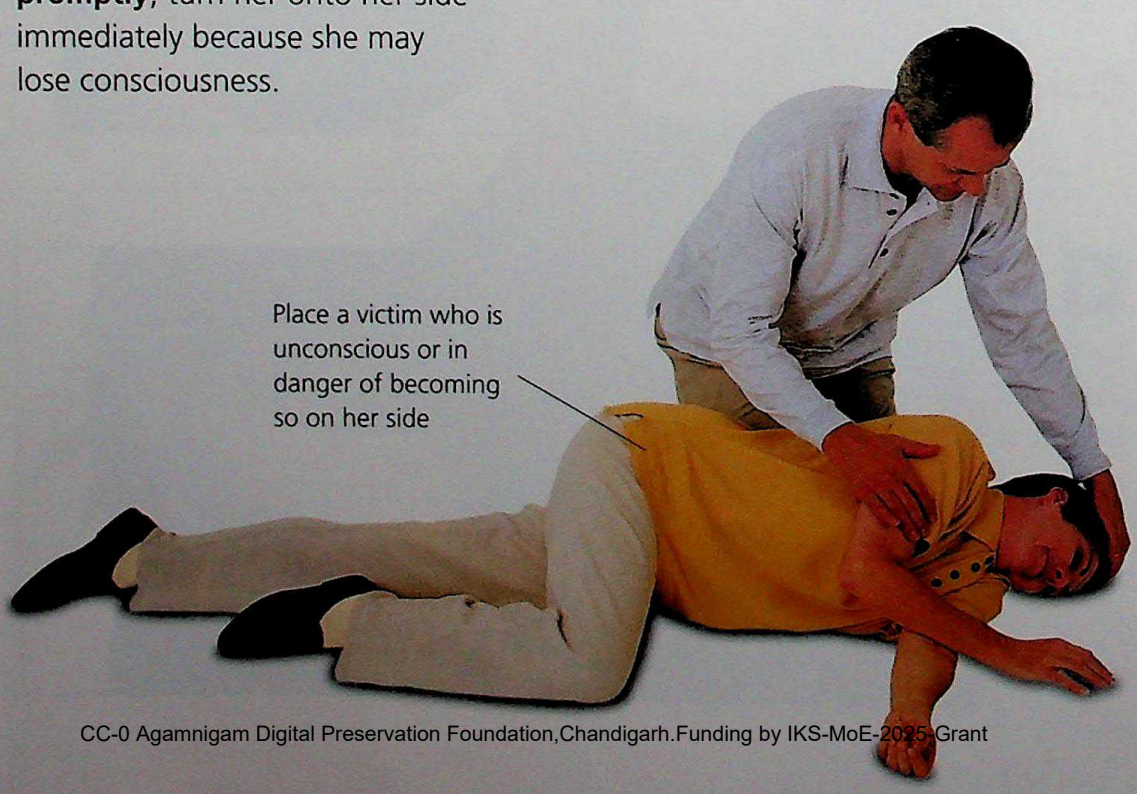
▶ WHAT TO LOOK FOR

- **Temporary loss of consciousness**
- **Confusion or disorientation**
- **Short-term memory loss of events before the incident**
- **Irritability**
- **Loss of hand–eye coordination**

▶ WHAT TO DO

1 Check the victim's response to simple instructions such as, 'Squeeze my hand. Now let it go.' **If the victim fails to respond promptly**, turn her onto her side immediately because she may lose consciousness.

Call for an ambulance and watch for any change in the victim's condition while you wait.



Place a victim who is unconscious or in danger of becoming so on her side

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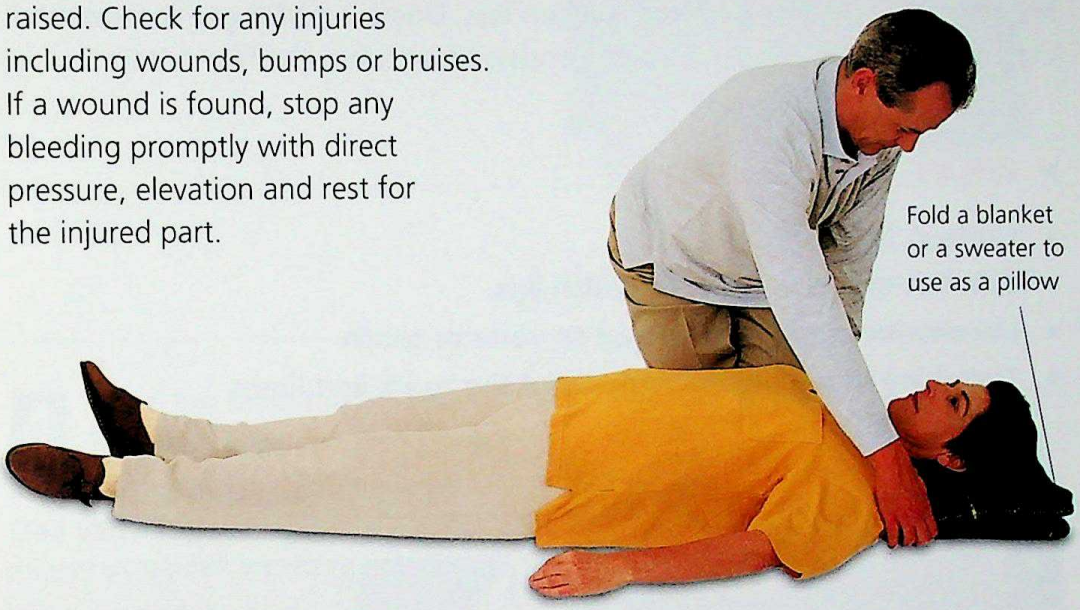
2 **If the victim is fully conscious** and alert, assist her to rest in the most comfortable position, preferably with the head slightly raised. Check for any injuries including wounds, bumps or bruises. If a wound is found, stop any bleeding promptly with direct pressure, elevation and rest for the injured part.



3 If there is a bump or bruise on the head, prepare a cold compress: soak a small towel or soft cloth in iced water and then wring it out firmly. Encourage the victim to hold the compress in place so that you can check her ability to coordinate the task.

4 Observe the victim closely for any deterioration including sleepiness, irritability, severe headache, nausea or vomiting.

If there was any loss of consciousness, however brief, at the time of the accident, a doctor's advice is vital to avoid the risk of later complications.

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CONVULSION Child

Child convulsions usually occur before the age of five years and are not related to epilepsy. During a convulsion the body will twitch and jerk. These movements are caused by an overheated brain, which results from a high temperature or the start of an infection. The convulsion usually lasts no more than two minutes, often less. Doctors no longer recommend active cooling of a feverish child because this makes the fever recur.

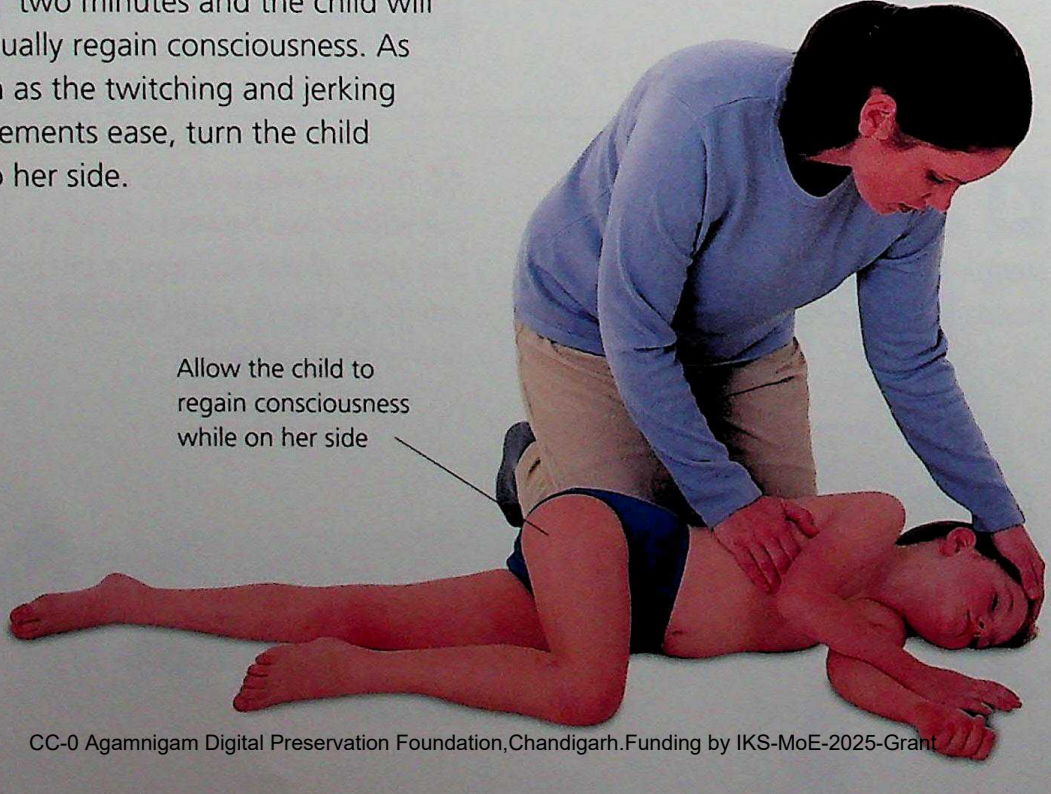
▶ WHAT TO LOOK FOR

- **Flushed, ill appearance**
- **Skin hot to the touch with bluish lips**
- **Unconsciousness: no response to voice or touch**
- **Twitching or jerking movements of the trunk and limbs**

▶ WHAT TO DO

1 Remove all clothing (including any bedclothes) to allow the child to cool down naturally, but do not sponge or fan the child's skin. Try to turn the child onto one side, unless the convulsions are too severe and injury could result.

2 The convulsion will end within two minutes and the child will gradually regain consciousness. As soon as the twitching and jerking movements ease, turn the child onto her side.



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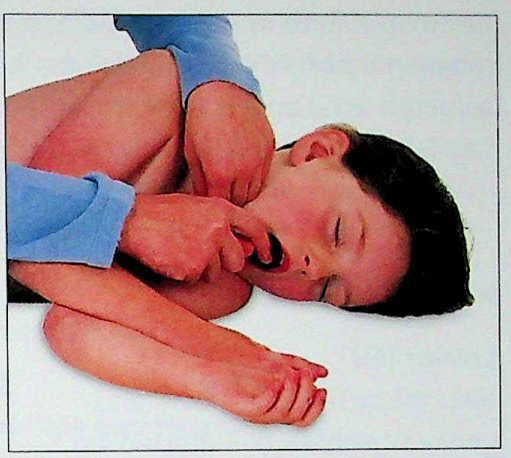
3 Check that the airway is clear by sweeping one or two fingers around the mouth. Gently tilt the head back slightly unless the child is less than two years old.



4 When the convulsions have stopped, check the child's **pulse** and **breathing** and note the result **(see page 15)**. Repeat the pulse checks every 10–15 minutes until the child is fully recovered.

5 As the child recovers, cover her up with a light sheet or a thin blanket, taking care not to overheat the skin.

Seek medical advice promptly to treat the underlying infection and to avoid another feverish convulsion.

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CRAMP

Keeping a limb in one position for a long time can slow the circulation to major muscles in one area of the body, causing a tight muscle mass in the affected area and cramp. In hot weather, cramps occur when the victim has failed to maintain an adequate fluid intake. A cramp may also occur in cold conditions or following heavy exercise.

▶ WHAT TO DO

Lower leg

Help the victim to lie down and gently straighten the affected leg while pressing down on the knee with your other hand. Hold the foot under the heel and use the other hand to gently push the toes upwards. When the spasm eases, gently massage the affected muscles until the area feels relaxed.

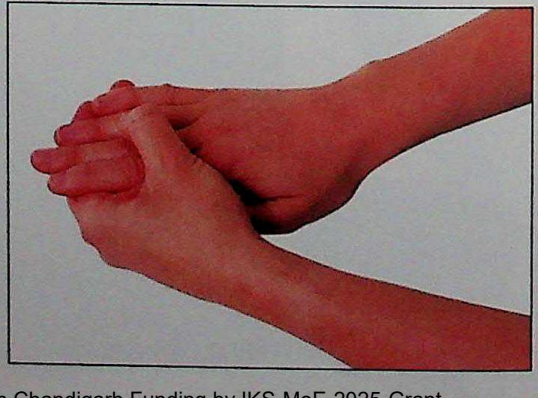
Gently massage and stretch the affected muscles

Foot

Ask the victim to stand with the affected foot firmly on the floor. If the toes are in severe spasm, gently try to straighten them with your hand. In cold weather, advise the victim to put on some warm socks.

Hand

Ask the victim to straighten and massage the affected fingers until the muscles relax. Warmth can be comforting when the spasm eases, especially in cold weather.



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CROUP

Croup is a breathing disorder which affects babies and small children. The attacks often occur at night and are caused by an infection which leads to swelling of the upper respiratory tract.

▶ WHAT TO LOOK FOR

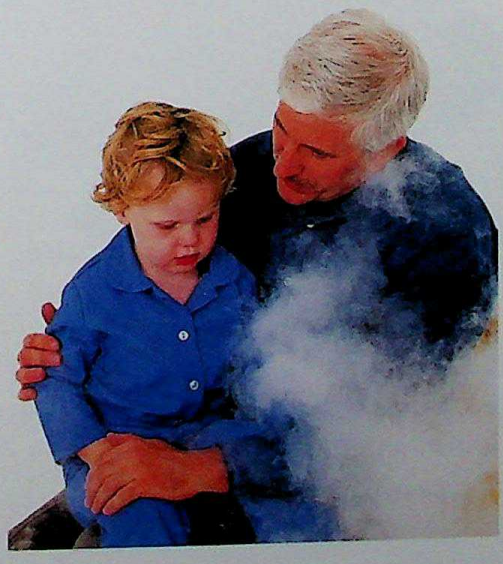
- **A barking or 'crowing' sound with each intake of breath**
- **Spasms of coughing causing breathlessness**
- **Exhaustion from frequent coughing**
- **Deteriorating skin colour with bluish lips and fingertips**
- **High temperature of 38°C or more**
- **Attempts to sit upright to make breathing easier**

▶ WHAT TO DO

1 Reassure the child and help him to breathe more effectively by propping him upright with a pile of pillows.

Reassure the child because croup is a very frightening condition.

2 Create a steamy atmosphere to help relieve the inflammation and swelling in the upper respiratory tract. Take the child into the bathroom and run the hot tap of either shower or bath for some time. For safety, keep the child a safe distance from the tap.



Unless there is a rapid improvement in the child's condition, seek medical aid promptly because antibiotics may be needed.

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CRUSH INJURY

Crush injuries are usually very serious, with extensive soft tissue and bone damage. If the crushing force is not removed within an hour there is a risk of serious complications due to the release of toxins and kidney failure.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Tingling or numbness in the affected area
- Feeling cold, nauseated, faint and dizzy
- Severe pain if there is injury to bone or soft tissue

▶ WHAT TO LOOK FOR

- Swelling and bruising of the crushed tissues
- Pale, cold and clammy skin
- Signs of a crushing force on the trunk or a limb

▶ WHAT TO DO

1 Where possible, immediately remove the crushing force from the victim. **If the victim has been crushed for more than one hour, DO NOT remove the crushing force.**

Call for an ambulance as soon as possible. While waiting, note any changes in the victim's condition.

2 Keep the victim as comfortable and as still as possible. Control bleeding with pressure over bulky padding on the injured area. Raise the injured part on several pillows if a limb is involved, but not if this increases the pain. Cover the victim lightly.

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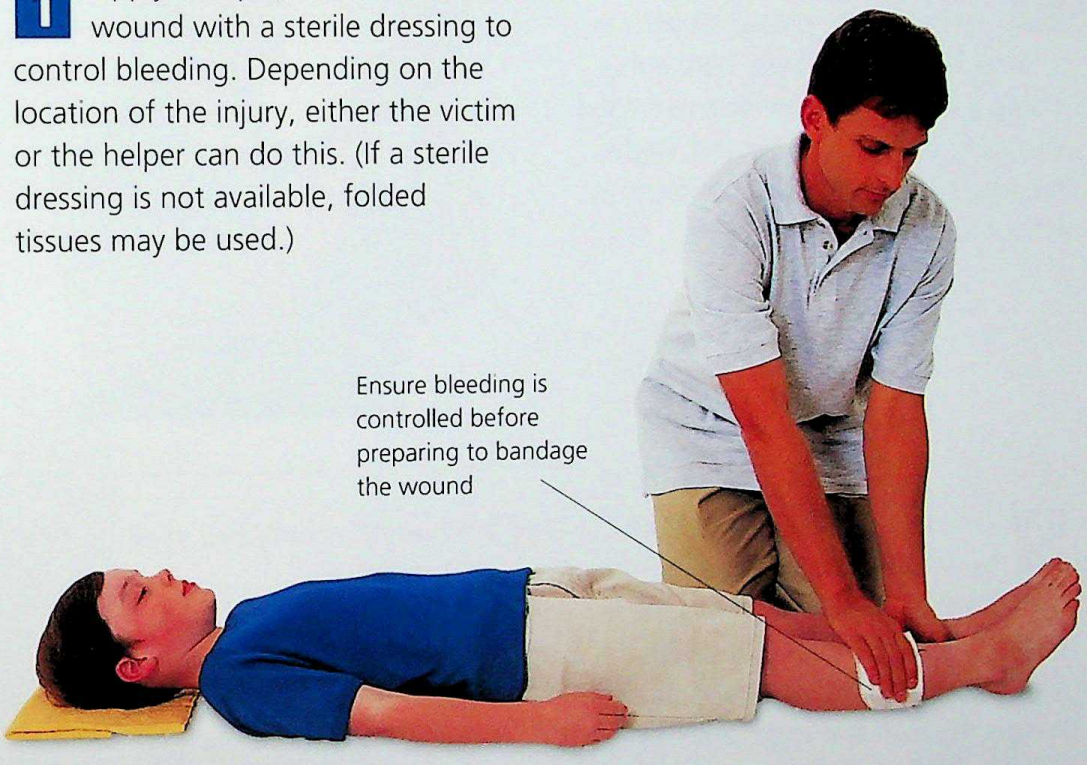
CUTS Deep

A deep cut may not appear to be large, but blood vessels, nerves, tendons, ligaments and muscles may have been damaged. If a long blade caused the wound, internal damage should be assumed. Most deep wounds need prompt control of bleeding and medical assessment because of the risk of complications, including tetanus infection.

▶ WHAT TO DO

1 Apply firm pressure over the wound with a sterile dressing to control bleeding. Depending on the location of the injury, either the victim or the helper can do this. (If a sterile dressing is not available, folded tissues may be used.)



2 Raise an injured limb on several pillows or folded blankets to reduce blood flow to the part. Fix the dressing firmly in position with a bandage. Compare the colour of the toes on both feet and loosen the bandage if it is too tight.

3 Check to see if blood is showing through the dressing and bandage. If it is, remove and replace them promptly. DO NOT add more dressings over the first pad.

Call for an ambulance as soon as possible.

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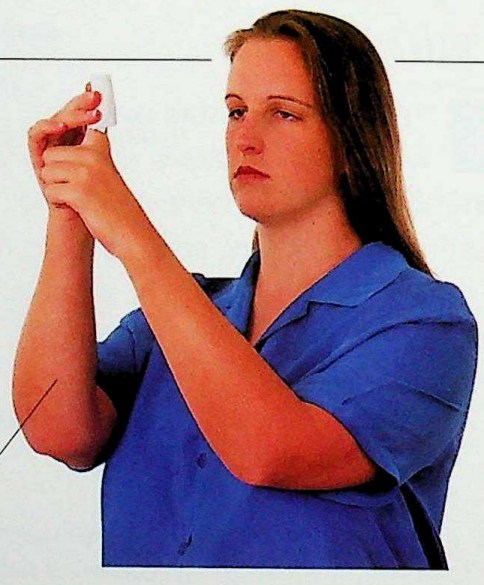
CUTS Surface

Small surface cuts are common injuries in and around the home. If there is very little bleeding, home care is usually successful. However, if the cut is on the face or hands, there is the risk of an ugly scar, so see a doctor. If the cut is gaping or deep, there may be injury to deeper tissues and medical advice should be sought.

▶ WHAT TO DO

1 Control any bleeding by applying firm pressure over the wound.The victim should hold either a sterile dressing or one or two folded tissues firmly over the wound. Raise the injured part as high as possible to reduce blood flow to the area.

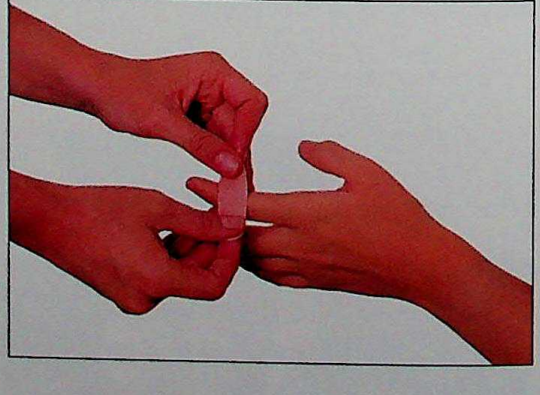


Raise the injured part to control bleeding

2 Clean the wound thoroughly with either an antiseptic solution or soap and warm water. For an antiseptic, dilute the solution as instructed on the label. Use a gauze or cotton swab and wipe away from the wound to avoid soiling it with skin bacteria. Use several swabs if necessary, using each one once only.

⊕ *If bleeding continues, seek medical advice promptly.*

3 Apply an adhesive strip dressing. Advise the victim to remove the dressing at night to allow the wound to dry. A new adhesive strip dressing should only be applied if the wound is moist and appears to need protection.



⊕ *If the wound has not partially healed within 24 hours, seek medical advice.*

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82–83 Diabetes

84 Dislocation

85–86 Drowning

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DIABETES

When the body's sugar levels cannot be controlled, the condition is called diabetes. The most common emergency for a diabetic is low blood sugar. Unconsciousness can occur rapidly unless emergency treatment is given without delay. If the victim is suffering from too much sugar in the body, deterioration will be slow and there will be adequate time to call for an ambulance. **When in doubt, always give sugar because it may save the life of a person with a low blood sugar level.**

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Feeling faint, giddy and weak with trembling limbs**

▶ WHAT TO LOOK FOR

- **Pale and sweating skin**
- **Confusion and aggressive behaviour**
- **Shallow breathing with a rapid pulse rate**

▶ WHAT TO DO

1 Give the victim a sweet drink or sugar lumps to suck if he is still conscious and able to swallow. If he is cooperative and able to chew, give him some high-energy food such as cake, biscuits or a sandwich to raise the blood sugar level.

If there is rapid recovery to a fully alert state, seek medical advice about any further care needed.

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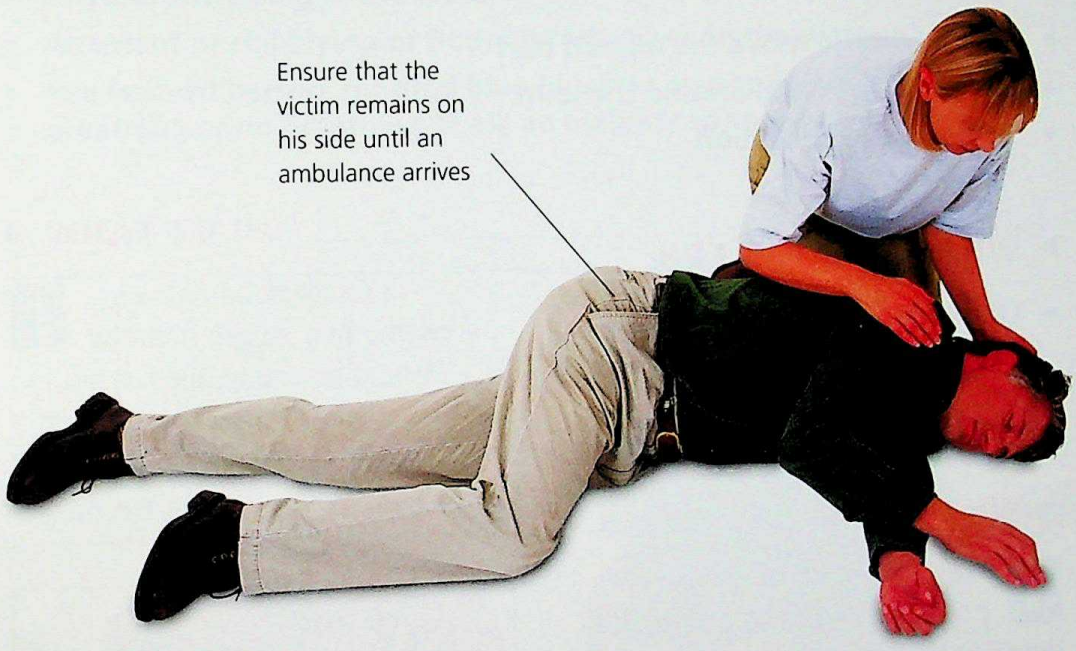
2 If the victim is losing consciousness, help him onto the floor at once and turn him onto his side, ensuring that his **airway** is kept clear **(see page 13)**.

Call for an ambulance as soon as possible.



KNOWING ABOUT DIABETES

In a healthy person the pancreas produces enough insulin to aid digestion and to process sugar. If the body cannot produce enough insulin, the sugar intake is not fully processed and builds up in the circulation. This condition – diabetes – can cause serious problems which may lead to unconsciousness and even death.

When a diabetic has an imbalance between levels of sugar and insulin in the body the problem may be due to an infection, increased exercise, weight gain or stress.

There are two major types of diabetes: *juvenile-onset diabetes* and *mature-onset diabetes*.

Juvenile-onset diabetes
Victims develop the condition during childhood. They need to inject a dose of insulin every day to process the sugar taken in regular meals. In addition, the diet will need careful management to maintain a planned intake of sugar so that the prescribed dose of insulin is neither too little nor too much to keep a healthy balance.

Mature-onset diabetes
Victims develop the condition in later life. They may be able to manage their condition by careful diet alone or, in many cases, with a tablet rather than an injection of insulin.

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DISLOCATION

A dislocation is a very painful injury which occurs when a severe twist or wrench displaces a bone from its normal position at a joint. There may also be damage to nearby blood vessels and nerves which can cause serious complications. A dislocation may be associated with a fracture (broken bone) and should be treated as a possible fracture until a diagnosis is made.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **An inability to move the injured part**
- **Severe pain in and around the joint**
- **Some loss of sensation**

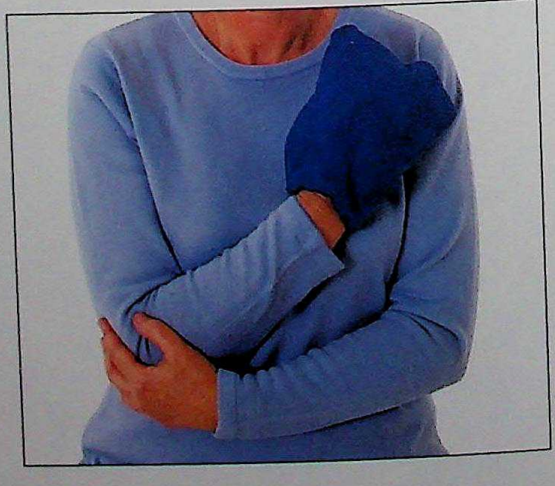
▶ WHAT TO LOOK FOR

- **Obvious deformity and swelling around the joint**
- **Bruising**

▶ WHAT TO DO

1 Help the victim to find a position in which the injured area can be supported to ease the pain. A dislocated shoulder, hip or elbow joint can be supported by pillows or blankets. **DO NOT try to replace the dislocated bones because further damage and complications can occur.**

2 For a dislocated finger, use soft padding to support the injury. Wrap a bandage lightly in place unless this is more painful. Do not apply firm pressure because of the risk of further damage to nerves and blood vessels.



Seek medical advice urgently because of the risk of complications. If the victim is in severe pain, call for an ambulance as soon as possible.

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DROWNING

Drowning is one of the most common forms of accidental death. Prompt rescue followed by efficient cardiopulmonary resuscitation (CPR) can save lives. Although rescue is a priority, avoid contact with a conscious victim in deep water – it can place your own life at risk.

▶ WHAT TO LOOK FOR

- **Anyone struggling in the water**
- **An infant or child lying or floating face-down in the water**
- **In a rescued person: mottled blue or white skin colour, noisy breathing or no breathing at all; an inability to speak**

▶ WHAT TO DO

1 Throw an adult victim a flotation device, a strong rope or hold out a pole or tree branch. If the victim is a small child, it may be necessary to enter the water and lift her out.

Carry a rescued child from the water with her head lower than her chest to keep the airway clear

2 Attempt a rescue from deep water only if you are a strong swimmer. As soon as the victim is out of the water, assess the level of consciousness, and check whether **cardiopulmonary resuscitation (CPR)** is needed **(see pages 17–18)**.

3 If rescuing an unconscious victim from shallow water, you could begin CPR there if you feel confident of doing so.

CONTINUED ▶

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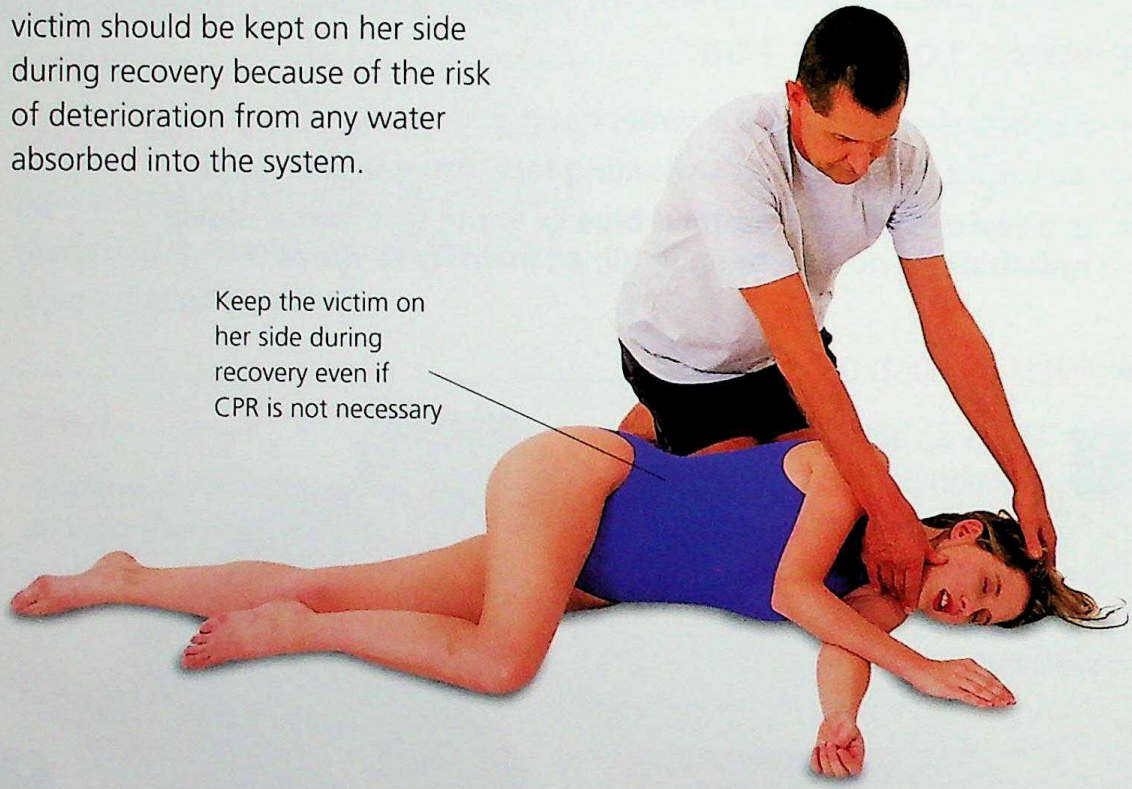
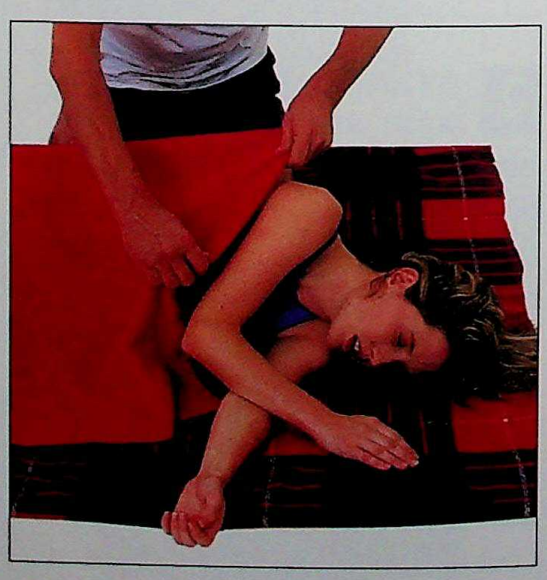
4 Place the unconscious or semi-conscious victim on her side to keep the airway clear and allow free drainage of any saliva, vomit or water. Even if CPR is not needed the victim should be kept on her side during recovery because of the risk of deterioration from any water absorbed into the system.



5 Check the victim's level of consciousness, breathing and circulation every few minutes and make a note of any changes.

6 If the rescue was from very cold water, maintain body temperature by wrapping towels and blankets under and over the victim, but do not try to reheat her.



Call for an ambulance as soon as possible unless the victim appears to be fully recovered. Anyone rescued from water should be assessed by a doctor because there is a risk of serious complications later unless early medical treatment is given.

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88 Ear problems

89 Elbow Tennis

90–91 Electric shock

92 Epilepsy

93 Eye injury Burns

94 Eye injury Foreign body

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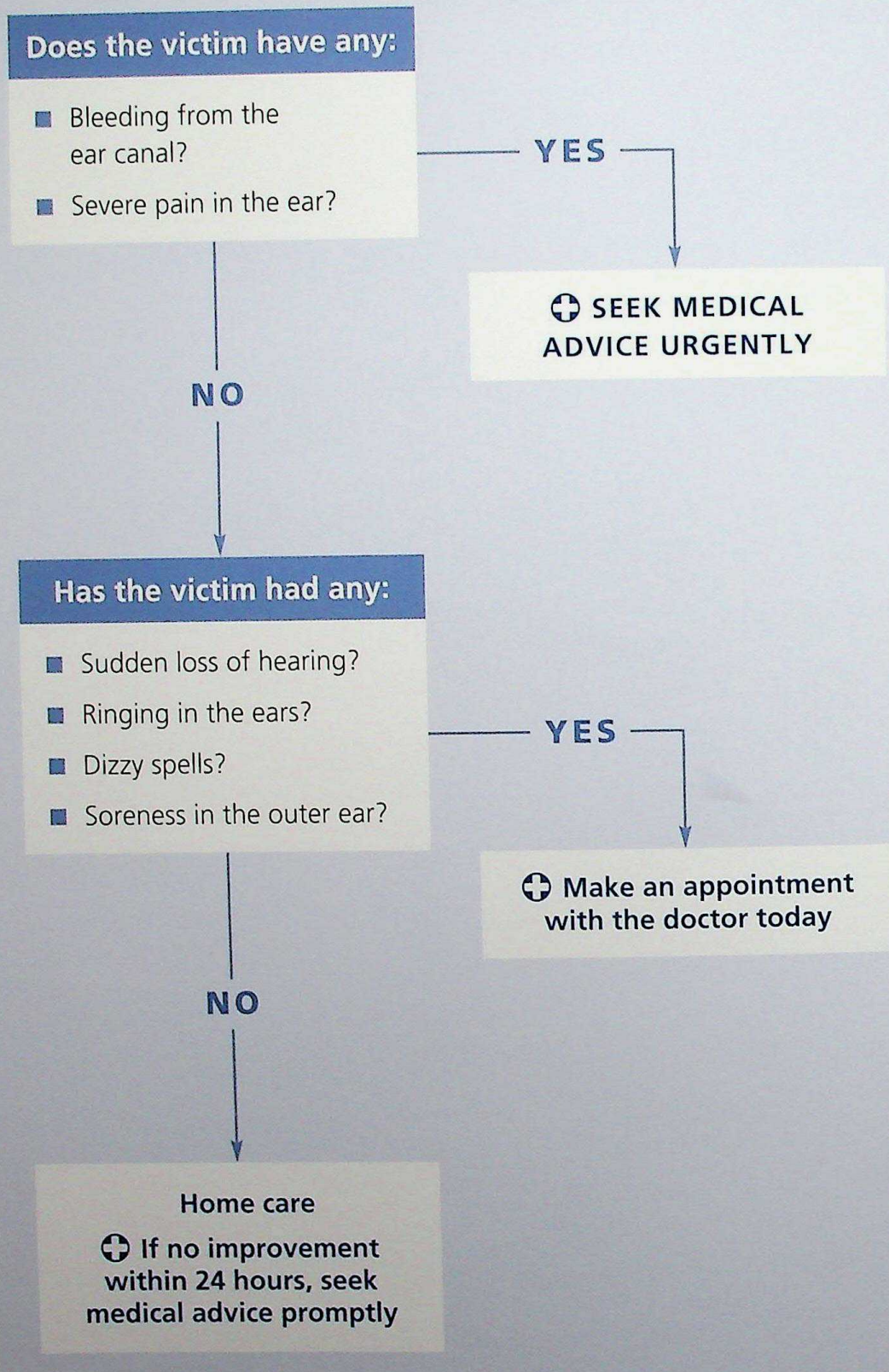
EAR PROBLEMS



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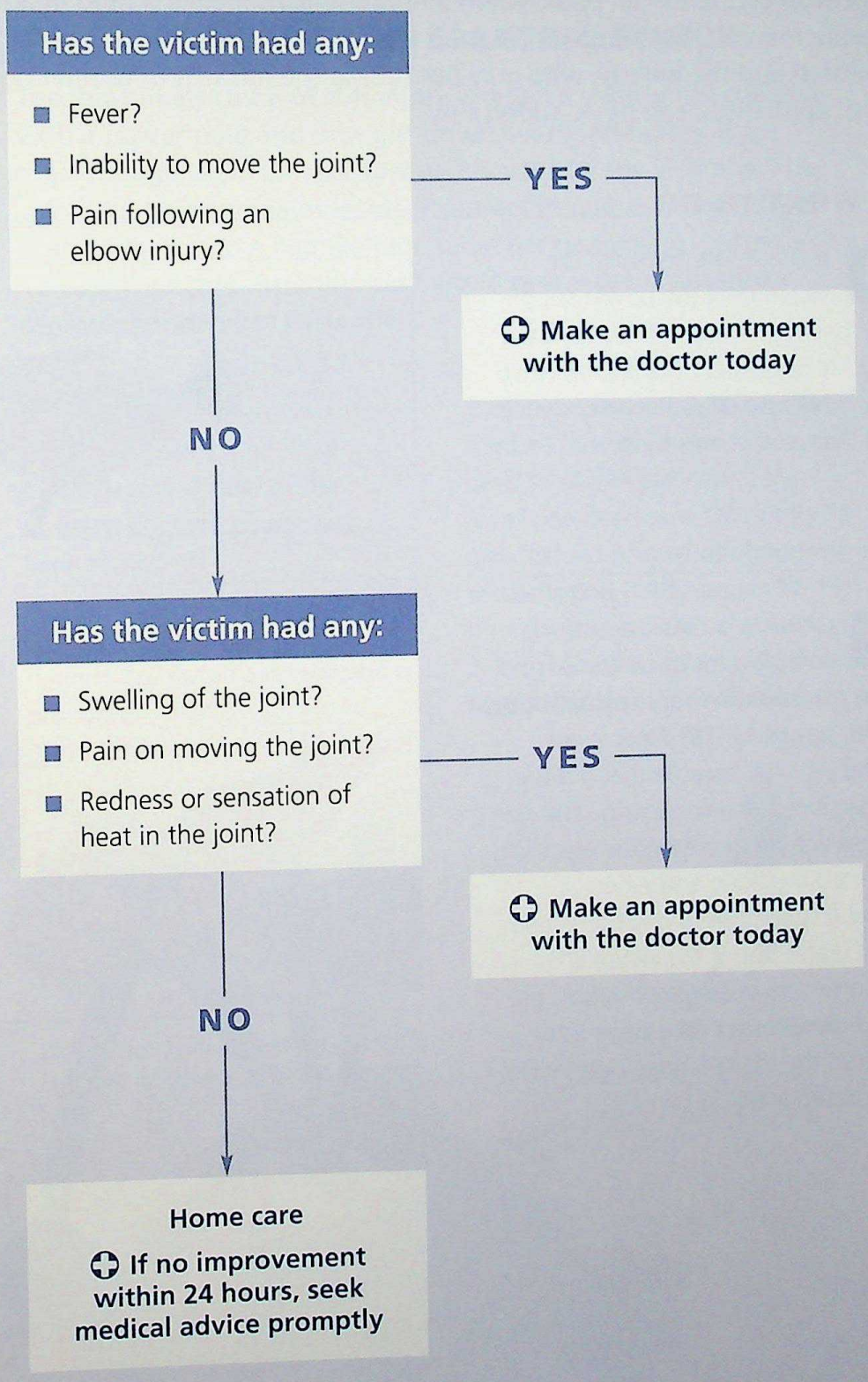
Has the victim had any:
Fever?
Inability to move the joint?
Pain following an elbow injury?
YES
Make an appointment with the doctor today
NO
Has the victim had any:
Swelling of the joint?
Pain on moving the joint?
Redness or sensation of heat in the joint?
YES
Make an appointment with the doctor today
NO
Home care
If no improvement within 24 hours, seek medical advice promptly

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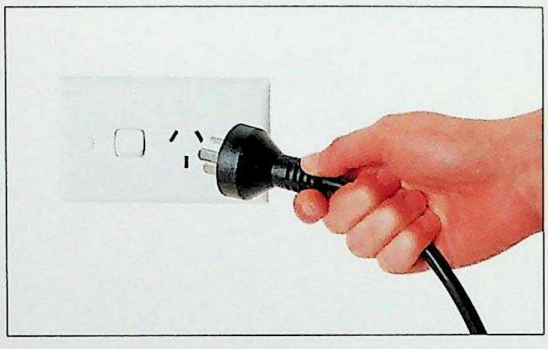
ELECTRIC SHOCK

LOW-VOLTAGE ELECTRIC SHOCK

Electrical accidents can occur when a household appliance is used in an unsafe manner. Most appliances have built-in safety features but young children and the elderly, who may not realise the hazards of tampering with appliances, can be at added risk.

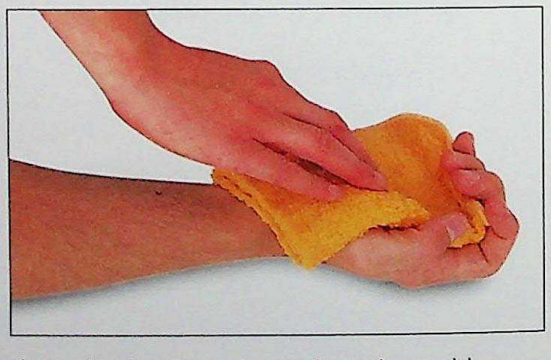
▶ WHAT TO DO

1 It is not safe to touch the victim until the power supply has been switched off. Do so, then quickly disconnect the appliance at the power point. Otherwise, switch off the main power supply.

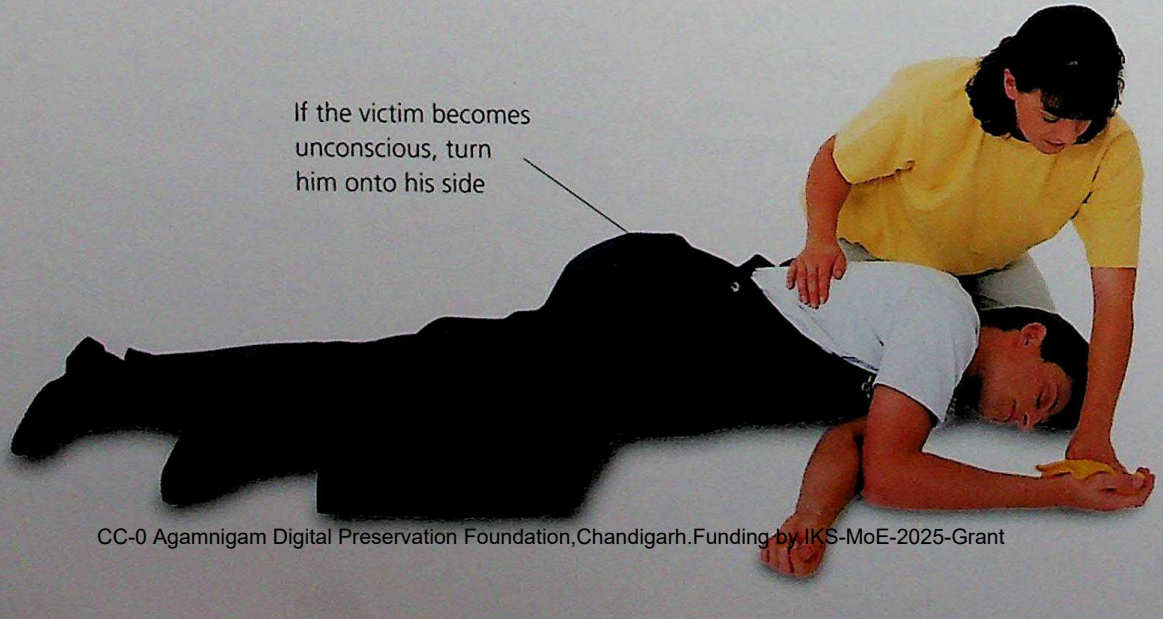


2 Check whether the victim is conscious or unconscious and give **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary. If the victim is breathing and has a pulse, look for any burns on the skin. These will occur where the electricity entered the body and where it went to earth. Treat any burns with cold water but, if the victim is unconscious or semi-conscious, use ***cold compresses (see page 218)*** to cool the injury (above right) with the victim lying on his side.

Call for an ambulance as soon as possible.



If the skin has been burned, apply a cold compress to cool it and soothe the pain



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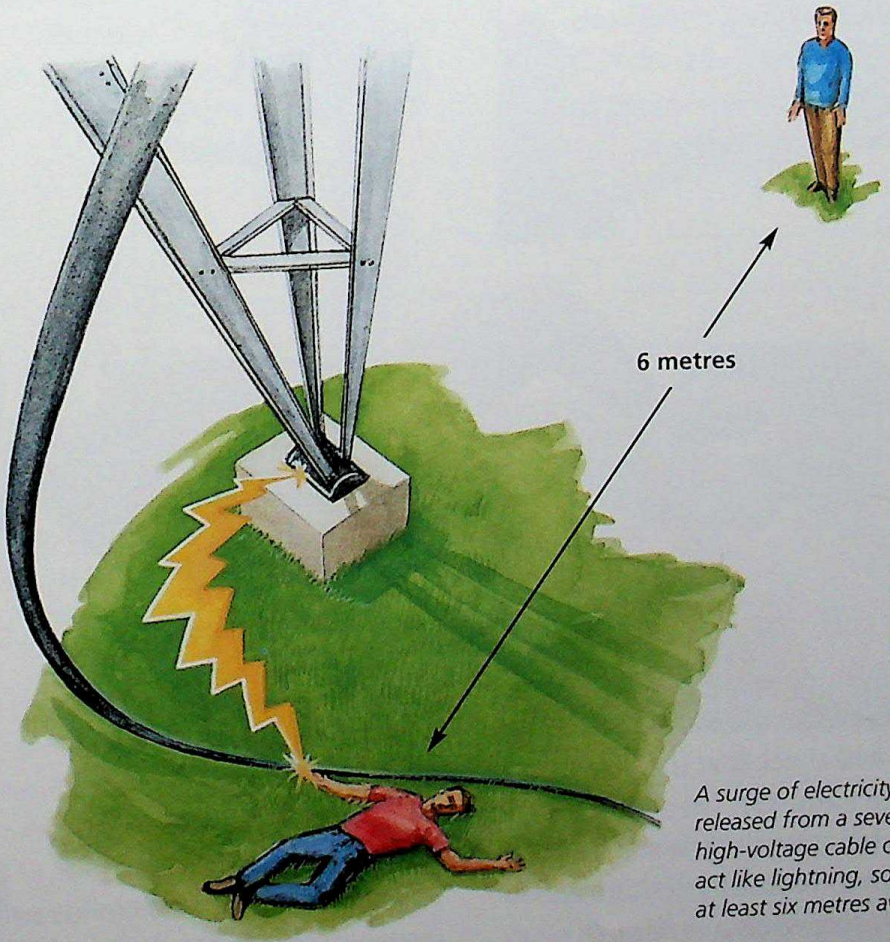
HIGH-VOLTAGE ELECTRIC SHOCK

The most likely cause of this injury is when a vehicle has collided with a power pole and brought down overhead cables. If a high-voltage cable is in contact with a vehicle, the victim will be safe if he or she remains inside. Rescuers should not move closer than six metres to a high-voltage cable because arcing – when a 'released' electric current is discharged over a great distance – can occur and injure bystanders.

1. Call the local electricity supply authority for help and keep bystanders well clear of the accident until the power has been turned off.

If the victim appears to be injured, call for an ambulance promptly.

2. Shout reassurance to a victim trapped in a vehicle and stress the need to stay in place until the area is declared safe. Do not try to give first aid or **cardiopulmonary resuscitation (CPR – pages 17–18)** until the area is safe because an ill-judged rescue attempt may be fatal for both victim and rescuer.



A surge of electricity released from a severed high-voltage cable can act like lightning, so stay at least six metres away

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EPILEPSY

Epilepsy is a brain condition in which the victim may have seizures (fits). Flashing lights, video games or loud noise can trigger a seizure. Some seizures are brief and do not include total loss of consciousness. Others have an active phase lasting up to two minutes.

▶ WHAT TO LOOK FOR

- **Meaningless sounds being made by the victim**
- **Loss of coordination with staggering and poor balance**
- **Restlessness and confusion**
- **Loss of consciousness with a fall to the floor**
- **Twitching and jerking of some or all limbs with the head tossing from side to side**
- **Clenching of the teeth with foaming saliva visible**
- **Loss of bladder and bowel control**

▶ WHAT TO DO

1 Make the area safe to avoid injury while the victim is moving violently on the floor. Move furniture away; place clothing or blankets against heavy items. **DO NOT attempt to restrain or move the victim during the seizure.**

2 When the jerking movements stop, quickly roll the victim onto his side and check that the **airway** is clear **(see page 13)**. The victim is likely to fall asleep at this stage so allow him to lie quietly in this position until fully recovered.

An ambulance is not required for a person who has an identification bracelet indicating epilepsy unless there are any wounds or injuries requiring treatment. However, if the victim takes more than ten minutes to recover or if a further seizure occurs, an ambulance must be called.

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Eyes may be severely injured by contact with splashed substances or by intense heat. Some chemicals can do irreparable damage if they are not immediately diluted and removed from the surface of the eye.

▶ WHAT THE VICTIM MAY COMPLAIN OF

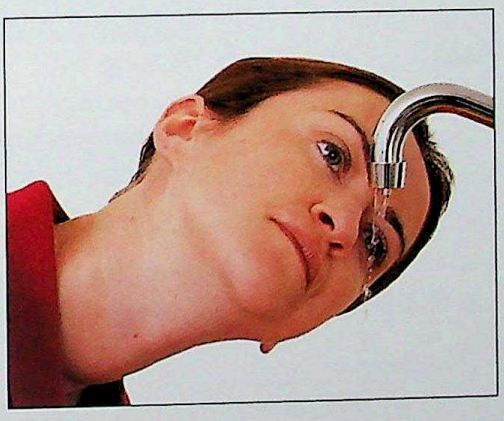
- **Severe pain**
- **Severe eyelid spasm and inability to open the injured eye**
- **Sensitivity to direct light**

▶ WHAT TO LOOK FOR

- **Spasm of the eyelid, which makes it difficult to assess the injury**
- **Redness of the affected eye with copious watering**

▶ WHAT TO DO

1 Flush the eye under cold running water for at least 20 minutes. Wash from the nose outwards and ensure water goes under the eyelid. Keep the injured eye low so that the water flow cannot contaminate the uninjured eye.



2 If the eyelids are tightly closed with spasm, hold them open to ensure flushing under the lids. If the pain has been totally relieved by flushing, apply a sterile eye pad or a sterile dressing. Secure the dressing in place with lightweight adhesive tape.

3 If the victim complains that pain is still present after 20 minutes of flushing, do not stop but continue until medical aid is available.

⊕ *Take the victim to the nearest hospital for treatment or, if the injury looks extensive, call for an ambulance.*

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EYE INJURY Foreign body

A foreign body in the eye can cause damage resulting in infection and, in the worst cases, blindness. Often it can be safely removed but if it is embedded you should seek urgent medical help.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Impaired vision**
- **Itching and watering of the eye**

▶ WHAT TO LOOK FOR

- **Redness of the eye**
- **Copious watering of the eye**

▶ WHAT TO DO

1 Advise the victim against rubbing the eye. Blinking will cause watering which may remove the object naturally. Ask her to sit down facing the light. Stand behind her and gently separate the eyelids. Look for the foreign body while the victim turns the eye in all directions.

2 If a foreign body is seen on the white surface of the eye, try to remove it with the corner of a clean, damp handkerchief or non-fluffy tissue. Gently wipe it towards the outer edge of the eye. If the object is on the coloured part of the eye, **DO NOT attempt to remove it because of the risk of scarring.**

3 If unsuccessful, flush lukewarm water through the eye, keeping the affected eye low. **DO NOT use an eyebath.**

If the object is still in place, cover the victim's eye with a sterile pad, secure it with adhesive tape and seek medical advice.

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96 Facial injury

97 Fainting

98 Fever

99 Fracture Ankle

100–102 Fracture Arm (lower)

103 Fracture Arm (upper)

104–105 Fracture Collarbone

106 Fracture Foot & toes

107 Fracture Hand & fingers

108–109 Fracture Hip

110 Fracture Knee

111–112 Fracture Leg

113 Fracture Pelvis

114–115 Fracture Ribs

116 Frostbite

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FACIAL INJURY

Injuries to the face should be medically assessed to reduce the risks of serious complications or permanent disability. If the nose or mouth is involved the airway may be obstructed by bleeding. Blindness or a serious head injury can arise from a blow to the cheek or forehead. Injuries which result in loss of consciousness can cause obstruction of the airway by the tongue and inhalation of blood or saliva.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in the injured area**
- **An inability to speak, chew or swallow**

▶ WHAT TO LOOK FOR

- **Swelling and deformity of the injured area**
- **Bleeding inside the mouth**
- **Missing or loose teeth**
- **Dribbling, if the jaw is fractured**

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible – generally sitting in a chair. Stop any bleeding promptly by applying a pad over the wound and maintaining firm pressure for at least ten minutes. Cover any wounds with a light sterile dressing held in place with adhesive tape. The conscious victim will usually support the injured area with one or both hands.

2 If the victim is unconscious or not fully conscious, roll her onto her side to ensure a clear and open **airway (see page 13)**. Check the victim every few minutes and be ready to begin **cardiopulmonary resuscitation (CPR)** if breathing and circulation fail **(see pages 17–18)**.

If the injuries involve the eyes or eye sockets, the cheekbone, mouth, nose or jaw, call for an ambulance as soon as possible because of the risk of serious complications.

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FAINTING

Fainting is common and can occur when there is a temporary loss of normal blood supply to the brain. Once the victim is lying down, the blood will return to the brain and full consciousness returns.

▶ WHAT THE VICTIM MAY COMPLAIN OF

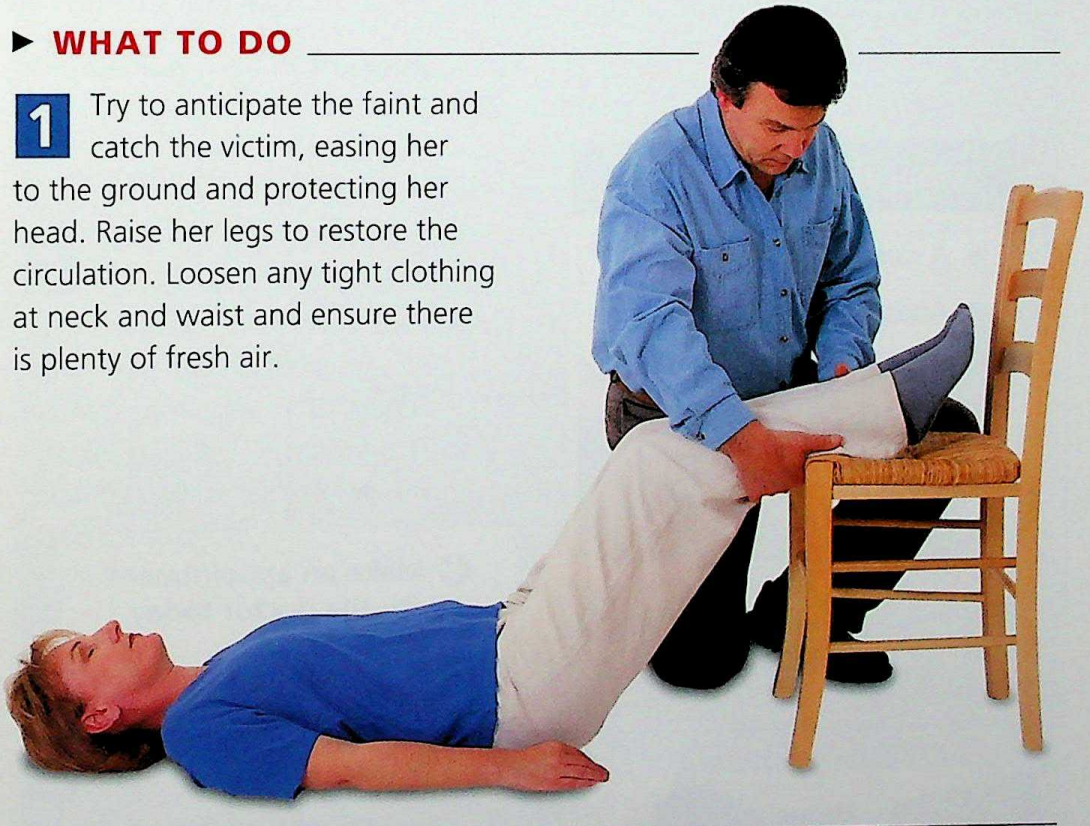
- **Feeling dizzy, faint or light-headed**
- **Nausea**

▶ WHAT TO LOOK FOR

- **Pale, moist skin**
- **Restlessness and anxiety; slow, sighing breaths**
- **A very slow pulse**

▶ WHAT TO DO

1 Try to anticipate the faint and catch the victim, easing her to the ground and protecting her head. Raise her legs to restore the circulation. Loosen any tight clothing at neck and waist and ensure there is plenty of fresh air.



2 Stay with the victim until she recovers, then give small sips of cool water. When she feels ready to get up, allow her a few minutes to adjust to the change of position. If the victim fails to respond to the spoken voice or touch at any time, turn her promptly onto her side to ensure a clear **airway (see page 13)**.

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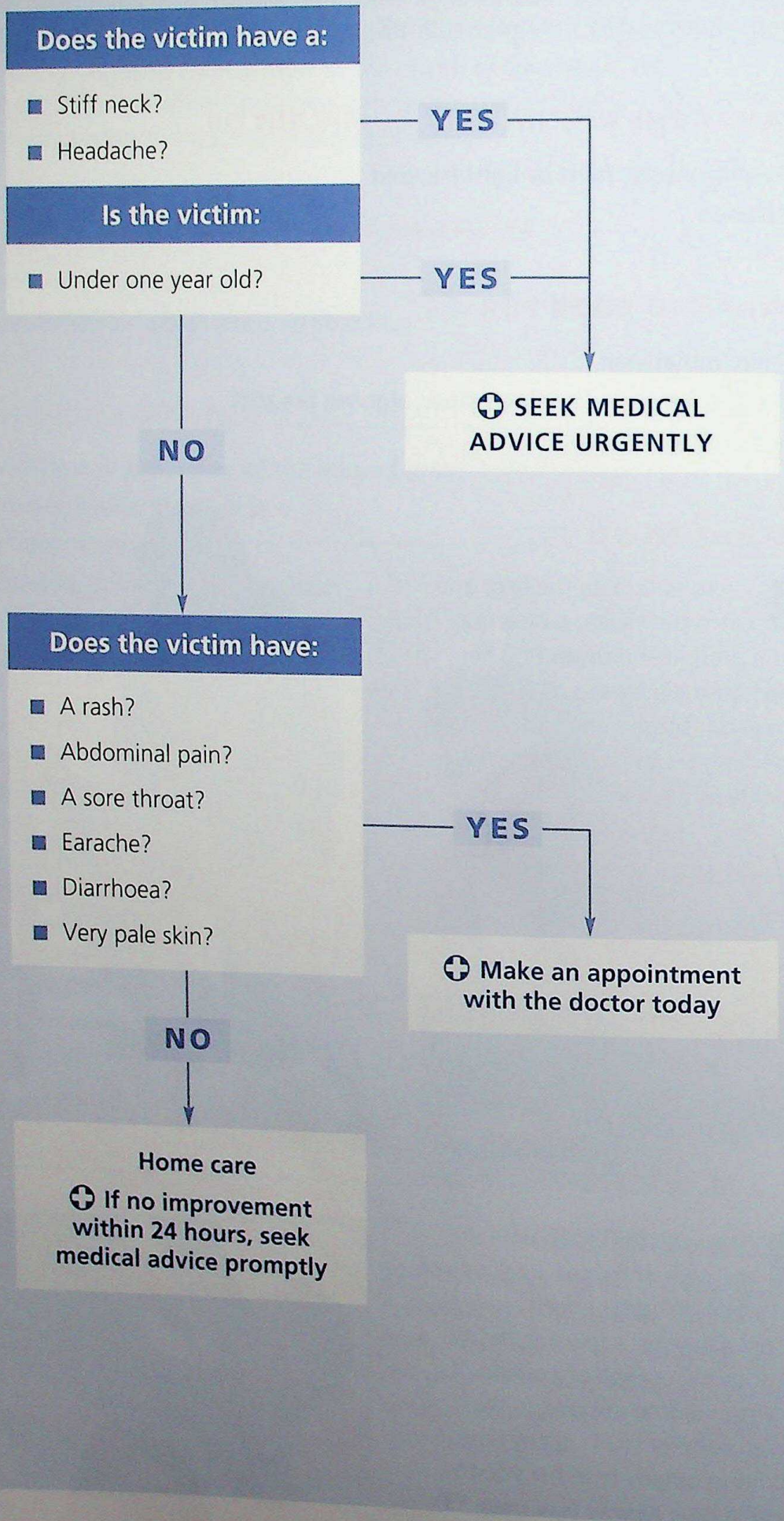

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FRACTURE Ankle

The ankle is usually injured by twisting the joint or falling from a height; the injury may be a sprain or a fracture (broken bone). It can be difficult to decide the extent of the injury until an X-ray has been taken, so treat all ankle injuries as possible fractures to avoid the risk of further injury.

▶ WHAT THE VICTIM MAY COMPLAIN OF

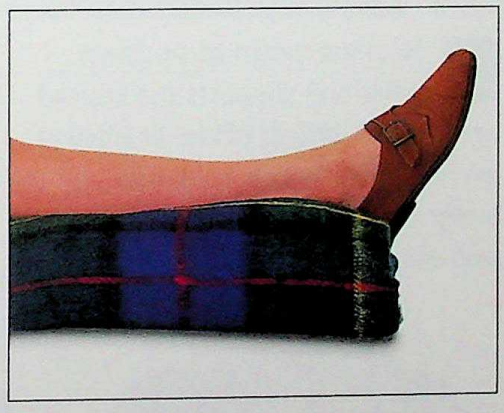
- **Pain in and around the injured area**
- **Nausea**
- **Feeling cold and shivery**
- **Feeling faint and giddy**
- **Numbness in the extremities**
- **Loss of power and function in the joint**

▶ WHAT TO LOOK FOR

- **Swelling around the joint**

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible. Avoid moving or touching the injured joint. Help the victim to raise the injured leg slightly on a folded blanket or rolled-up clothing. If the shoe fits comfortably, leave it in place for support.



2 Carefully pad around the ankle joint using a soft pillow or light blanket held in place with two or three bandages.

Seek medical advice as soon as possible. While the diagnosis is unknown, do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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FRACTURE Arm (lower)

Injuries to the arm may occur in the wrist, elbow, lower arm or upper arm. The injury may be a sprained wrist or elbow joint or a fracture (break) of one or more bones. Usually an X-ray is needed to confirm the injury, which should be treated as a possible fracture until a doctor has made a diagnosis.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in and around the injured area**
- **Nausea**
- **Feeling cold and shivery**
- **Feeling faint and giddy**
- **Numbness in the extremities**
- **Loss of power and function in the joint**

▶ WHAT TO LOOK FOR

- **Swelling (sometimes, but not in the early stages)**

▶ WHAT TO DO

1 Help the victim to sit down while she supports the injured arm. Provide a soft pillow or blanket on her knees to help take the weight off the injured arm and ease the pain.

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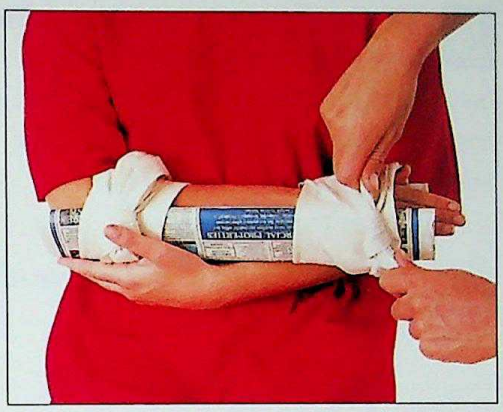
2 For a wrist or lower arm injury, gently place a flattened, rolled newspaper splint under the victim's arm to support the limb from fingertips to elbow. Fix the splint with ***roller*** or ***triangular bandages (see pages 202 and 203)*** in several places.



3 Check that the pulse on the thumb side of the wrist is still beating firmly. If not, remove the bandages and splint and reposition the arm until the pulse can be felt before refixing the splint in place.

If the pulse cannot be felt, the victim should be taken to the nearest hospital for urgent assessment.

4 Apply an arm sling, being careful to avoid jarring the injured arm at any time. To reduce swelling, ensure that the victim's fingers are slightly higher than the elbow joint. Place the long base of the triangular bandage down the centre of the body with the point at the elbow.

Keep the elbow slightly lower than the fingers

CONTINUED ▶

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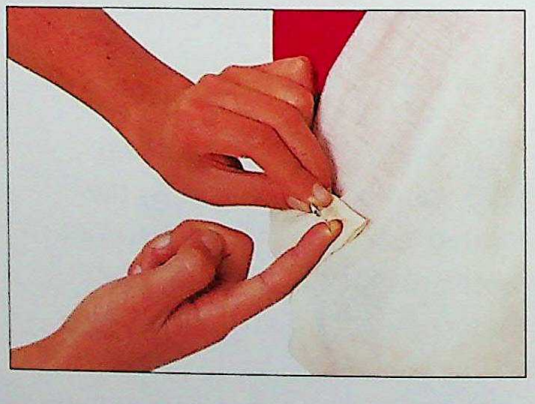
5 Slip the sling behind the injured arm and around the neck. Bring up the lower point and tie the ends together on the injured side. Check that the hand is still higher than the elbow when the full weight of the arm is held by the sling.

The victim can support the arm while the sling is tied

6 Complete the sling at the elbow by bringing the point forward to the front of the arm. Secure the point to the front layer of the bandage with a safety pin, keeping the pin-head point downwards for safety.



7 Continue to check the victim's pulse and colour of the fingertips every few minutes until the injury has been assessed by a doctor. If any major changes are noted, obtain help urgently.

Seek medical advice as soon as possible.

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▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain in and around the injured area
- Feeling cold, shivery and nauseated
- Feeling faint and giddy
- Numbness in the extremities
- Loss of power and function in the elbow joint

▶ WHAT TO LOOK FOR

- Swelling (sometimes, but not in the early stages)

▶ WHAT TO DO

1 For an elbow joint or upper arm injury, do not attempt to either bend or straighten the limb but allow the victim to support it herself in the most comfortable position. The victim should be helped to either sit or lie down, depending on her own preference and level of pain. Most people will prefer to lie down.

2 Support the injured limb with pillows or blankets. Elbow joint and upper arm injuries are often complicated by blood vessel or nerve damage so urgent medical assessment is important.

Call for an ambulance.

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FRACTURE Collarbone

The most frequent cause of a collarbone fracture (broken bone) is a fall onto the outstretched hand where the weight of the body causes the collarbone to break under the strain. The injury usually occurs in the outer part of the bone where it starts to join the shoulder joint.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain and tenderness at or around the injury site**
- **Pain increased by even slight movement**
- **Nausea or vomiting**

▶ WHAT TO LOOK FOR

- **The victim will support the weight of the arm at the elbow**
- **Head tilted to the injured side to ease the pain**
- **Injured shoulder joint a little lower than the uninjured side**
- **Obvious swelling or deformity over the injury site**
- **A reluctance to move any part of the trunk or injured limb**

▶ WHAT TO DO

1 Allow the victim to support the limb on the injured side in the position which is most comfortable for him. The injured shoulder often droops lower than the uninjured side because the shoulder joint has lost the support of the collarbone.

Use the opposite arm to support the weight of the injured area

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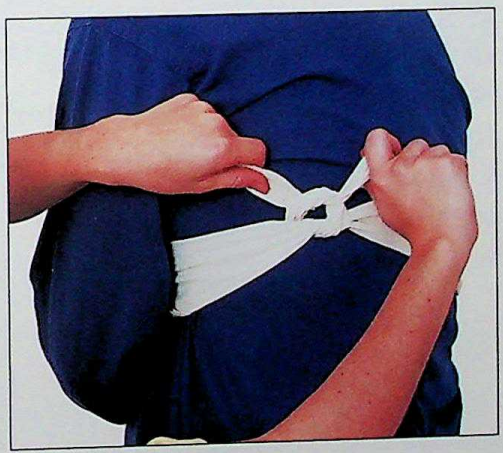
2 Place soft padding between the arm and chest wall to provide the victim with extra support for his injury. Use a folded towel or sweater and try to ease it into place without moving the arm.

Maintain the original comfortable position once the padding is in place

3 If the victim is to be taken to a doctor or hospital by car and needs further support, use the body as a splint. Apply a broad bandage around the body, securing the arm against the chest. Tie off with a reef knot on the uninjured side of the body.

Seek medical advice promptly.



4 The victim will still need to support the arm because every movement of the body will cause some pain. Sometimes he will prefer to do this without a bandage.

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FRACTURE Foot & toes

Always treat a foot or toe injury as potentially serious because it is extremely difficult to tell whether it is fractured (broken) or if it is just internally bruised. For this reason, and to avoid the risk of further damage, the injury should be treated as a possible fracture until a medical diagnosis has been made.

▶ WHAT THE VICTIM MAY COMPLAIN OF

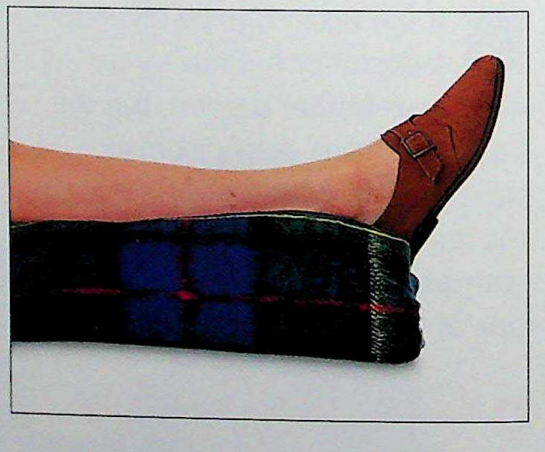
- Pain in and around the injured area
- Nausea
- Feeling cold and shivery
- Feeling faint and giddy
- Numbness in the extremities
- Loss of power and function in the foot

▶ WHAT TO LOOK FOR

- Swelling around the injured area

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible. Raise the affected leg slightly on a folded blanket or rolled-up clothing. If the shoe fits comfortably, leave it in place for support unless a wound is suspected.



2 Carefully pad around the foot and ankle joint using a soft pillow or light blanket held in place with two or three bandages.

⊕ *Seek medical advice as soon as possible. While the diagnosis is unknown, do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.*

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Hands and fingers are used all the time and for this reason are often injured. These injuries – although painful – are usually minor but a serious accident can involve severe bleeding or a fracture of the hand or one or more fingers. An injury of this kind can lead to permanent disability so prompt medical assessment and treatment are essential.

▶ WHAT THE VICTIM MAY COMPLAIN OF

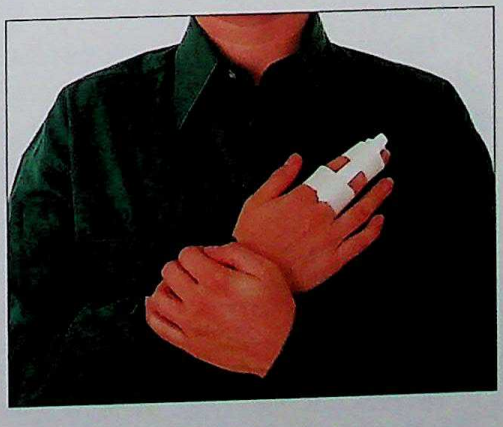
- **Severe pain**
- **Loss of function in the affected hand or finger**
- **Swelling and bruising**

▶ WHAT TO DO

1 For a hand injury, control any bleeding with a bulky dressing and raise the injured part. Secure the dressing with a light ***roller bandage (see page 202).*** Cover this with soft bulky padding shaped around the hand like a mitten and hold it in place with another roller bandage.

2 Gently apply an ***elevation sling (see page 213)*** in order to support the injured hand in a vertical position.

3 If a single finger is fractured it can be splinted: use a padded ice-cream stick or a teaspoon and secure it with adhesive tape. Where two fingers are injured, they can be bound together over soft padding. Apply an elevation sling to support the injured fingers.



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FRACTURE Hip

Hip fractures occur most commonly in elderly people, particularly if they have had a fall. The area around the hip will be tender and swollen with blood which has leaked from damaged blood vessels. The victim needs very gentle handling with the minimum of movement to avoid further blood loss and severe shock.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain**
- **Loss of function in the affected leg**
- **Nausea, giddiness and faintness**

▶ WHAT TO LOOK FOR

- **An injured leg and foot turned outwards**
- **Paleness, with cold and clammy skin**
- **A swollen and bruised hip joint**

▶ WHAT TO DO

1 Reassure the victim that she will not be moved until an ambulance arrives. Try to provide some support for the injured limb by placing a folded blanket or rolled-up clothing gently along the leg.

Call for an ambulance as soon as possible.

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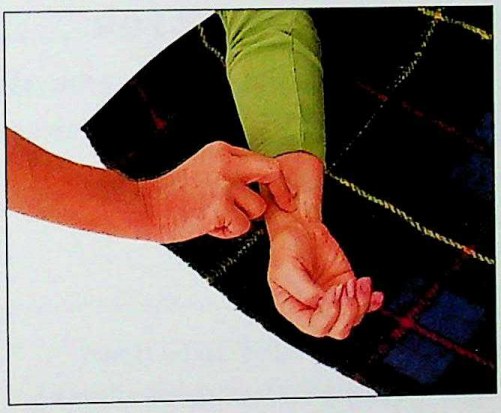
2 Cover the victim lightly with a blanket or clothing to reduce heat loss. If lying on a cold or wet surface, gently slide a blanket or something similar under the head, torso and uninjured leg, but **DO NOT move the injured side or attempt to protect the injured limb.**

3 Stay with the victim until an ambulance arrives. Check her pulse rate at intervals and note any change in her condition. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.



MANAGING OSTEOPOROSIS

Osteoporosis – reduction in bone density – occurs if the calcium content of bones decreases. This can happen with age and mainly affects elderly people, particularly women over 65 years of age. Wrist and hip joints are especially vulnerable. With this condition a hip can break without warning, causing a serious fall. Even when the daily calcium intake is normal, bones may become brittle and weak. To help avoid osteoporosis:

■ **Be aware of the risk factors**
Smoking cigarettes, drinking alcohol to excess, taking steroid medications regularly and not exercising regularly can all be factors in making you susceptible to osteoporosis.

■ **Take calcium**
Calcium is essential for bone growth and repair. Adults should have at least four daily intakes of low-fat dairy produce (which contains calcium) to maintain strong and healthy bones.

■ **Take a vitamin D supplement**
Vitamin D helps the body to absorb calcium. Sunlight accelerates the process. If exposure to a minimum of 15 minutes of sunlight per day is not possible, take vitamin D.

■ **Exercise**
Cycling, jogging and aerobic exercise have been shown to increase the rebuilding of bone cells and improve bone density.

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FRACTURE Knee

Knees can be injured in many ways – road accidents, sporting activities or a heavy fall at home or work. In such accidents the kneecap is often injured, and occasionally, the hinge joint beneath as well.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain in and around the joint
- Loss of joint function
- 'Locking' of the joint without warning
- Nausea

▶ WHAT TO LOOK FOR

- Swelling of the knee
- Deformity of the joint
- Pale, cold and clammy skin

▶ WHAT TO DO

1 Help the victim to lie down with a pillow or rolled clothing under the head for comfort. **DO NOT attempt to either straighten or bend the knee**. Place some padding or rolled-up clothing under the joint to support it in the most comfortable position. Wrap a small towel around the knee for support.

Call for an ambulance as soon as possible.

2 Apply a crepe ***roller bandage (see page 202)*** around the knee to hold the padding in place. If outside, ease a blanket or something similar under the victim without moving the knee joint. Place a light covering over her to reduce shock. Do not give her any food or drink in case an anaesthetic is needed to treat the injury.

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A broken leg can be a potentially serious injury because there is a risk of damage to nerves and blood vessels. The victim will be in pain and severely shocked and will need prompt treatment in hospital.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain at or near the injury site**
- **Loss of power and function in the affected limb**
- **Nausea and/or vomiting from shock**
- **Dizziness**

▶ WHAT TO LOOK FOR

- **If the upper leg is injured, visible deformity of the injured area**
- **An injured leg turned or rolled outwards**
- **Shortening of the injured limb**
- **Pale, cold and clammy skin**

▶ WHAT TO DO

Call for an ambulance as soon as possible.

1 Help the victim to lie down while gently supporting the injured limb. Roll up some clothing or a towel to use as padding for extra support and stability. Place it along the uninjured limb and prepare to move it towards the broken leg. **DO NOT attempt to move the injured leg because further complications may occur.**

CONTINUED ▶

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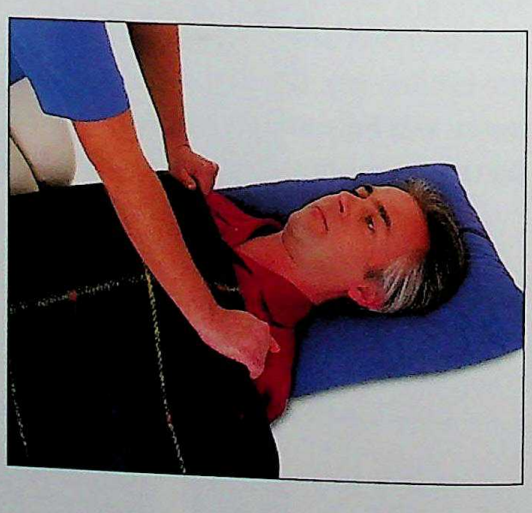
2 With the padding in place along the uninjured limb, slide a narrow-folded ***triangular bandage (see page 203)*** under the ankles and bring the feet together gently, moving the injured limb as little as possible.

3 Tie the ankles together with a figure-of-eight (criss-cross) bandage and maintain a firm pull until the knot is secure. **If this adds to the pain, stop at once and support the limb as it lies.**

4 Cover the victim lightly with a blanket or clothing; if on a cold or wet surface, ease a blanket or something similar under the head and trunk without moving the lower limbs. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.



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The pelvis, below the abdomen, is the lowest part of the trunk. It contains the reproductive organs, bowel, bladder and urethra. As well, there are many nerves and blood vessels that pass through the pelvis so an injury to this region is likely to lead to serious complications.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in the pelvic region**
- **An inability to stand or walk**

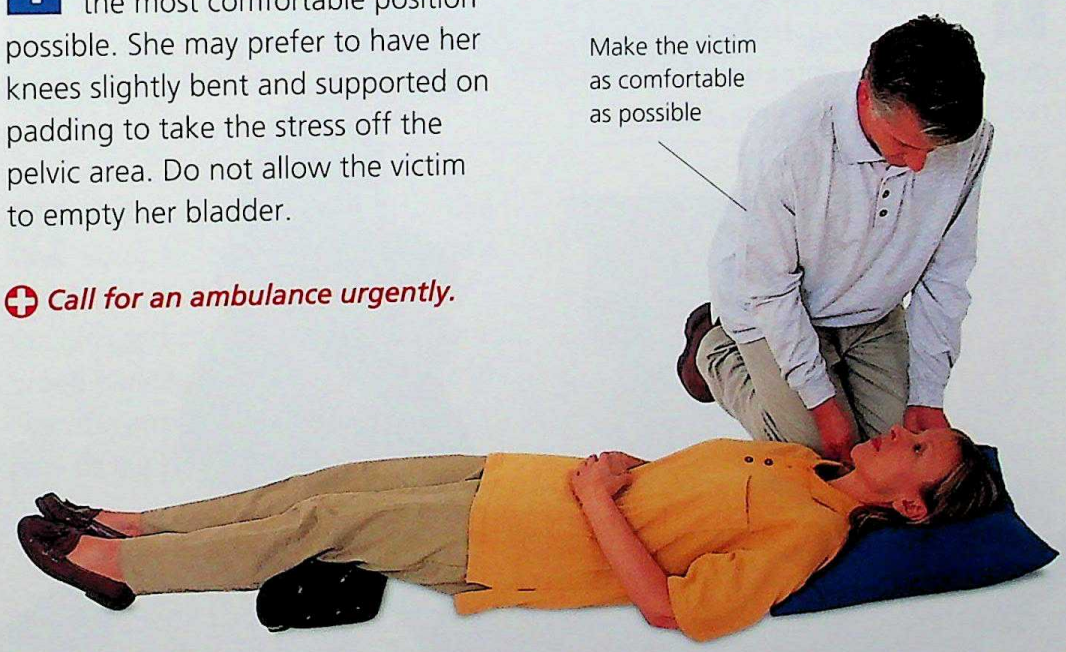
▶ WHAT TO LOOK FOR

- **Possible deformity in the pelvic/hip area**
- **Pale, cold and clammy skin**

▶ WHAT TO DO

1 Help the victim to lie down in the most comfortable position possible. She may prefer to have her knees slightly bent and supported on padding to take the stress off the pelvic area. Do not allow the victim to empty her bladder.

⊕ *Call for an ambulance urgently.*



2 If the victim is on a cold or wet surface, ease a blanket or something similar under the upper trunk and limbs without moving the pelvic area. Cover the victim with a blanket or clothing to maintain body temperature. Do not give her any food or drink in case an anaesthetic is needed to treat the injury.

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FRACTURE Ribs

Rib injuries may lead to life-threatening internal bleeding with the possibility of breathing and circulation problems, especially if the injury is accompanied by a wound.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Breathing difficulty with shallow and gasping breaths**
- **Chest pain**

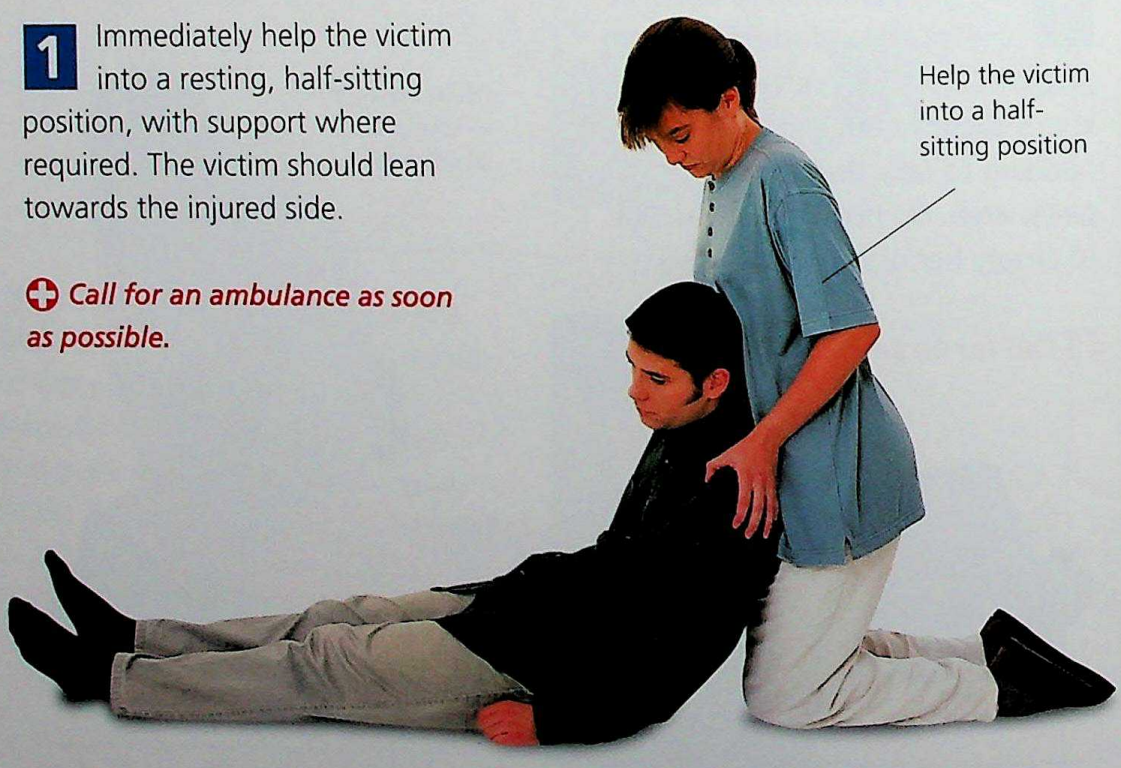
▶ WHAT TO LOOK FOR

- **Bright red, frothy blood coughed up**
- **Blueness of tongue and lips**
- **Sucking noise as air enters the chest cavity with each breath**
- **Blood-stained fluid bubbling around the wound**

▶ WHAT TO DO

1 Immediately help the victim into a resting, half-sitting position, with support where required. The victim should lean towards the injured side.

Call for an ambulance as soon as possible.



Help the victim into a half-sitting position

2 Check for a wound. If one is found, stop any bleeding and restrict the entry of air into the chest cavity by placing your hand firmly but gently over the wound. If a dressing or a clean tissue is readily available, use it as a barrier between your hand and the wound.

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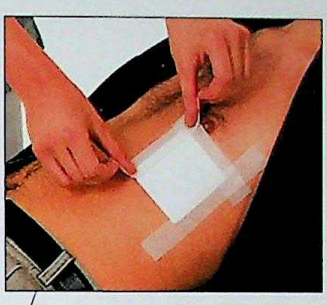
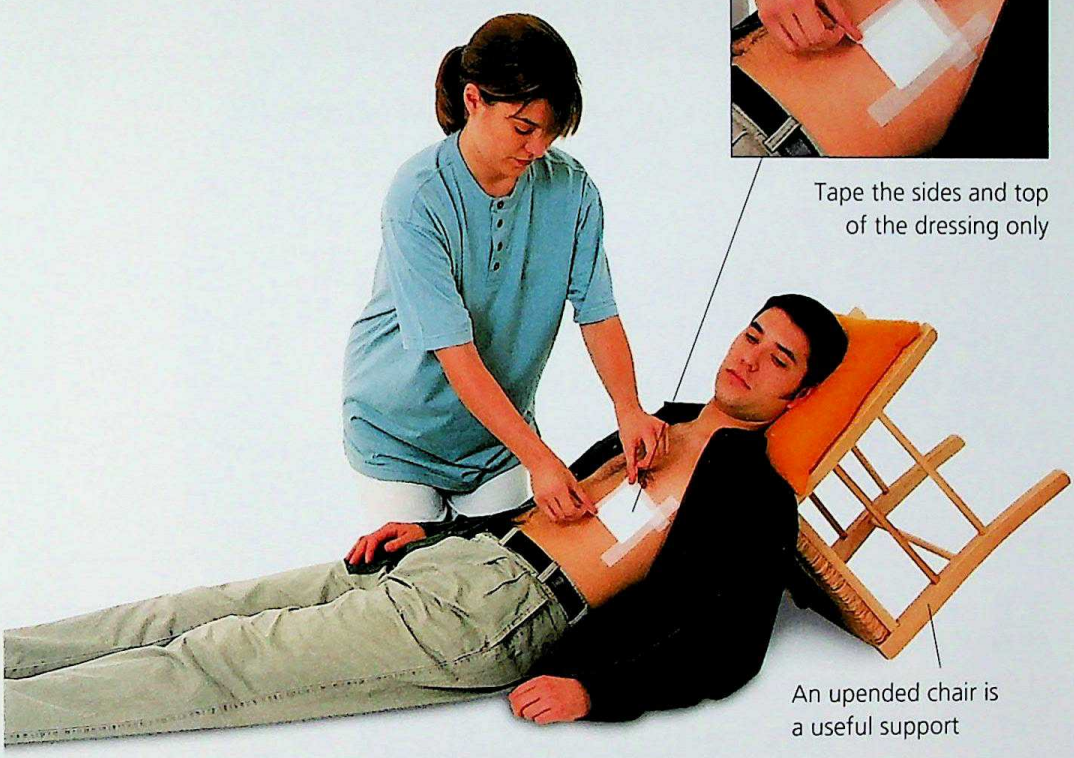
3 To allow air to escape, but not to enter, seal the dressing on three sides with adhesive tape. Leave the bottom edge open to

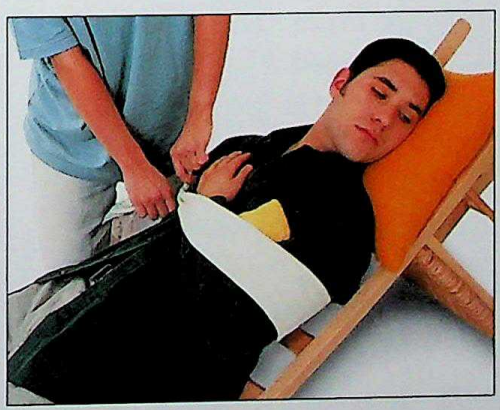


Tape the sides and top of the dressing only

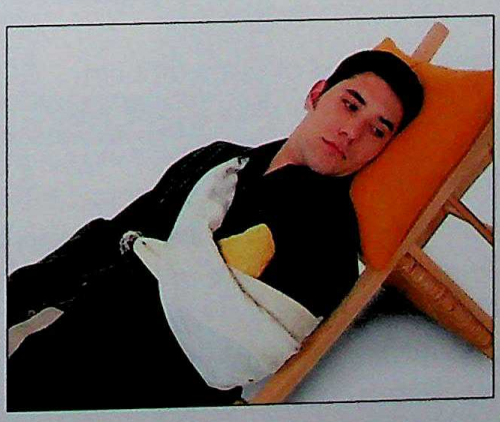


An upended chair is a useful support

4 If an ambulance is likely to take some time to arrive, place some padding over the dressing, between the arm and chest wall. Then apply a broad bandage around the chest and over the arm on the injured side to provide support to the injured area.



5 If necessary for comfort and support, apply an ***elevation sling (see page 213)*** over the injured side with the chest binder underneath. Give frequent reassurance to the victim and check breathing and pulse rate every few minutes, noting any change in condition.



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FROSTBITE

Frostbite is the damage caused to body tissues as a result of exposure to extreme cold. **DO NOT rub or massage the injury and DO NOT apply ointments or cream to the injured area.**

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Loss of feeling and function in the affected extremities**
- **Cold, hard skin**

▶ WHAT TO LOOK FOR

- **Waxy-looking skin**
- **Skin that feels hard and cold to touch**
- **White, yellow or blue/grey skin**

▶ WHAT TO DO

1 Help the victim into the nearest shelter. Gently remove any tight clothing or nearby constrictive item such as a watchstrap.

Call for an ambulance or medical assistance as soon as possible.

2 The frostbitten area should be rewarmed using body heat in the first instance. The hand and fingers can be rewarmed in the victim's opposite armpit; a foot and toe injury can be rewarmed in a helper's armpit; the victim can cover her own nose and ears with her hands.

3 If a bowl of warm (not hot) water is available, place the frostbitten extremity in it, taking care not to let the injured part contact the container. After rewarming, separate fingers and toes with a soft dressing. Cover lightly with a soft, dry dressing. Raise the affected area to reduce swelling and relieve pain.

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GAS POISONING

Carbon monoxide in car exhaust fumes is the gas most likely to be inhaled accidentally, leading to serious illness, or even death. Victims may be unaware of the problem because the gas is odourless and does not cause recognisable symptoms in the early stages of poisoning.

▶ WHAT TO LOOK FOR

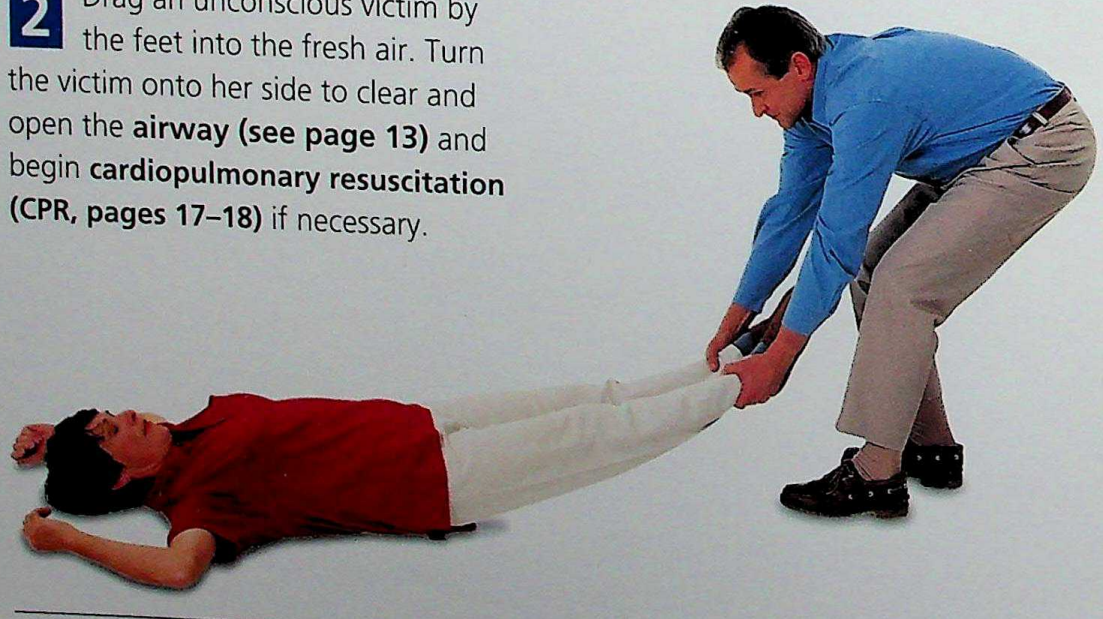
- **Breathing difficulty or breathing failure**
- **Confusion, listlessness, 'drunken' behaviour**
- **Abnormal colour including pale, bluish or cherry-pink skin**

▶ WHAT TO DO

1 If the victim is in an enclosed space, ventilate the area by opening all doors and windows, but avoid personal risk. If the victim is conscious, help her out of the contaminated area into fresh air.

Send someone to call for an ambulance as soon as possible. Medical assessment is vitally important because serious complications can result from the inhalation of a toxic substance.

2 Drag an unconscious victim by the feet into the fresh air. Turn the victim onto her side to clear and open the **airway (see page 13)** and begin **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary.



3 If the victim is conscious, allow her to rest in the fresh air until she feels better. Stay with her, keeping her under close observation, until the ambulance arrives.

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GRAZES

When the skin is grazed, its outer protective layer is damaged, leaving nerve endings and raw tissues exposed to the air. Grazes can be extremely painful and, depending on the injury, there may be dirt and gravel embedded in the tissues.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Stiffness and restricted function of the injured area**

▶ WHAT TO DO

1 If there are no serious injuries or steady bleeding, gently clean the graze with soap and warm water. Sometimes the victim will prefer to clean the wound. If the graze is on the hand or foot, it may be soaked in a bowl of warm water to soothe and soften the tissues before you try to remove any dirt.

2 When the wound is clean, blot it dry with tissues or a sterile gauze square. If the wound continues to weep, apply firm pressure over a pad for several minutes.

If embedded dirt and gravel are too painful to remove, seek medical advice to avoid scarring.

3 Apply an adhesive dressing which fully covers the wound. If the area is large, a sterile, non-stick dressing may be best, held in place by adhesive tape.

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GUNSHOT WOUNDS

Different firearms cause different injuries. Although a large-calibre bullet may cause a small wound at the entry point, there is likely to be extensive tissue damage in a large exit wound. If the bullet lodges inside the body, massive internal damage is likely to occur. A small-calibre bullet usually causes a small entry wound but often no exit wound.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Faintness**
- **Thirst**
- **Nausea**

▶ WHAT TO LOOK FOR

- **Bleeding**
- **Entry and exit wounds**
- **Pale, cold and clammy skin**
- **Rapid breathing and a rapid, weak pulse**

▶ WHAT TO DO

1 Check the victim's response to simple instructions such as, 'Squeeze my hand. Now let it go.' If the victim fails to respond promptly, quickly turn him onto his side to clear and open the **airway (see page 13)**. Be prepared to give **cardiopulmonary resuscitation (CPR, pages 17–18)** if needed.

✚ *Call for an ambulance as soon as possible.*

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2 If the victim is conscious, help him into a comfortable position, keeping the injured area slightly raised. Check for entry and exit wounds and, **if there are no broken bones**, control any bleeding: if the wound is open and deep, use several large, sterile, bulky pads. Apply firm pressure over the padding with your hand and maintain it with a ***roller bandage (see page 202)***.

3 **If there is a broken bone** and a bleeding wound, avoid moving the injured part. Use pressure around or on either side of the wound to avoid applying direct pressure over damaged bone. Build up padding around the wound. Maintain the padding in position with a roller or ***triangular bandage (see page 203)*** in a figure-of-eight (criss-cross) formation.

4 Cover the victim lightly with a blanket or clothing. Observe his responses again, as well as his pulse rate and breathing, at frequent intervals and note any changes. Check the wounds for continuing bleeding and, if necessary, replace any dressing pads. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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HAND INJURY Fracture

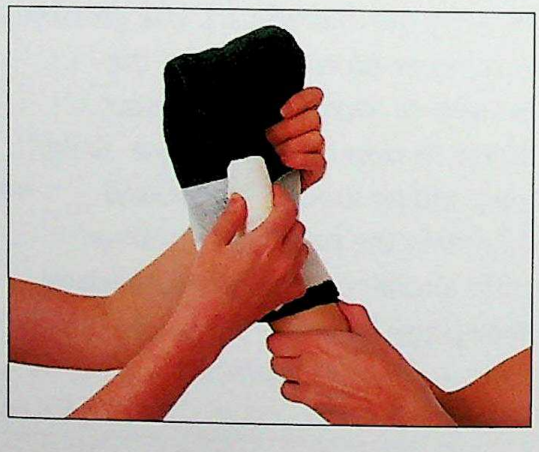
Hands and fingers are used all the time and for this reason are often injured. These injuries – although painful – are usually minor but a serious accident can involve severe bleeding or a fracture of the hand or one or more fingers. This type of injury can lead to permanent disability so prompt medical assessment and treatment are essential.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain**
- **Loss of function in the affected hand or finger**
- **Swelling and bruising**

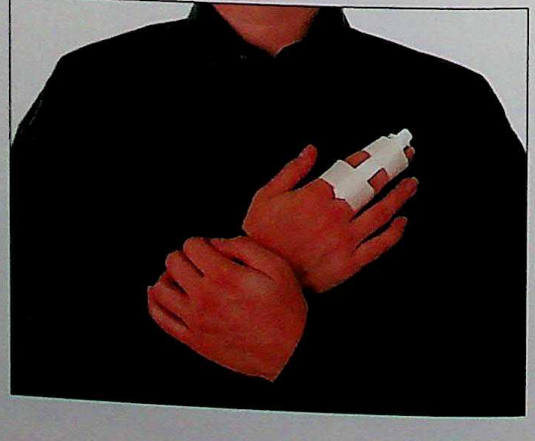
▶ WHAT TO DO

1 Control any bleeding with a bulky dressing and raise the injured part. Secure the dressing with a light ***roller bandage (see page 202)***. Cover this with soft bulky padding shaped around the hand like a mitten and hold it in place with another roller bandage.



2 Gently apply an ***elevation sling (see page 213)*** in order to support the injured hand in a vertical position.

3 If a single finger is fractured it can be splinted: use a padded ice cream stick or a teaspoon and secure it with adhesive tape. Where two fingers are injured, they can be bound together over soft padding. Apply an elevation sling to support the injured fingers.



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Hand and finger injuries can be painful and may lead to permanent disability unless prompt medical assessment and treatment are obtained. The most common injuries are sprains, strains and dislocations. Unless a fracture (broken bone) is suspected, all soft tissue injuries of the hand or fingers should be treated in a similar way.

▶ WHAT THE VICTIM MAY COMPLAIN OF

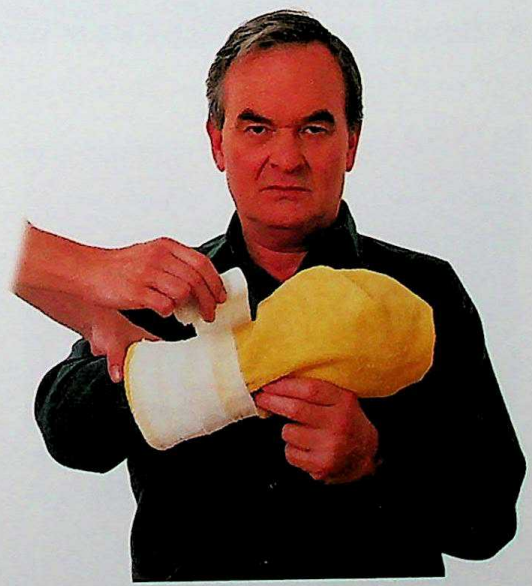
- **Severe pain**
- **Loss of function in the affected part**

▶ WHAT TO LOOK FOR

- **Swelling and bruising**
- **Pale, cold and clammy skin**

▶ WHAT TO DO

1 **If there is a wound**, control any bleeding with bulky padding and raise the injured part. Cover the wound with a sterile dressing and secure it lightly with a ***roller bandage (see page 202)*** applied over soft padding shaped around the hand like a mitten. If the injury involves the fingers, **DO NOT attempt to replace a dislocated joint.**



Seek medical advice as soon as possible to avoid any disability.

2 **If there is no open wound**, apply a wrapped ***ice pack*** or ***cold compress (see page 218)*** after ten minutes of rest in a raised position. Leave for no more than ten minutes. Then gently apply an ***elevation sling (see page 213)*** to support the hand and fingers in a vertical position.

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HEAD INJURY

Any injury to the head is potentially serious because the brain may be involved. Some head injuries are life-threatening and need prompt medical care to avoid permanent disability. While waiting for an ambulance to arrive, close observation of the victim is essential to give early warning of complications that might lead to permanent brain damage.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Headache**
- **Nausea or vomiting**
- **Blurred or double vision**
- **Numbness, tingling or loss of power in limbs**

▶ WHAT TO LOOK FOR

- **Total or partial loss of consciousness**
- **Loss of short-term memory for recent events**
- **Loss of hand-eye coordination**
- **Signs of weakness or paralysis down one side**

▶ WHAT TO DO

1 Check the victim's response to simple instructions such as, 'Squeeze my hand. Now let it go.' If the victim fails to respond promptly, quickly turn him onto his side to clear and open his **airway (see page 13)**. Be prepared to give **cardiopulmonary resuscitation (CPR, pages 17–18)** if needed.

Call for an ambulance as soon as possible and stay with the victim until it arrives.

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2 If the victim is conscious, help him into the most comfortable position possible, which will generally be sitting or lying down with his head raised slightly on one or two pillows. Check for any warning signs of serious injury, including loss of short-term memory and hand-eye coordination. Check for head wounds and control any bleeding with pressure on a sterile dressing.

Make a note of your observations since the incident and pass it on to the ambulance crew when they arrive.

3 Check the victim again at frequent intervals and note any changes in his conscious state and coordination. If there is pressure on the brain, the breathing will become noisy, the victim's face will be flushed and the pulse will be slower and stronger than usual.

The pupils may be different sizes with one dilated or constricted more than the other

4 If any fluid is draining from one ear, a sterile pad should be applied lightly with a ***roller bandage (see page 202)***. Do not pack the ear canal. The victim should tilt his head to the injured side.

Even if the injury appears to be minor with no abnormal symptoms or signs, the victim should still be checked by a doctor because of the risk of unforeseen complications.

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HEART ATTACK

A heart attack is often due to a blood clot causing a blockage in one of the coronary arteries which supplies blood to the heart muscle. If urgent medical treatment is obtained, the victim may make a full recovery.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe chest pain: this may be tight, crushing or vice-like; it may occur in the centre of the chest or around the chest; it may go up the jaw and down one or both arms**
- **Breathlessness**
- **Nausea**

▶ WHAT TO LOOK FOR

- **Pale or greyish skin colour with a cold and clammy feel**
- **Shortness of breath**
- **Shivering and anxiety**
- **Collapse**

▶ WHAT TO DO

1 Help the victim into a position of rest but try to avoid exerting him. Reassure him that the pain will be less if he stays at total rest. Usually he will prefer to sit or lie back in a chair. Do not offer stimulants such as tea, coffee, alcohol or cigarettes.

✚ *Call for an ambulance at once.*

Reassure the victim that total rest will help to ease the pain

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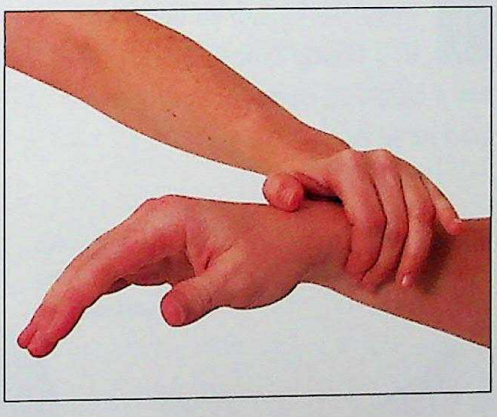
2 If collapse occurs, turn the victim onto his side and check that the **airway (see page 13)** is clear and open. Be ready to give **cardiopulmonary resuscitation (CPR, pages 17–18)** if needed.

3 If the conscious victim has any prescribed medication to take for chest pain, help him to take it. Check his pulse and breathing rate at regular intervals and record any changes. Note the victim's skin colour and any changes which occur, especially in the colour of lips and fingertips.



FIVE RISK FACTORS

High blood pressure
This causes hardening of the arteries. Adults should have regular check-ups.

Smoking
Nicotine narrows blood vessels and can raise blood pressure, forcing the heart to work harder.

High blood cholesterol
Eating saturated fat clogs up the arteries. Use unsaturated fats and oils.

Obesity
Weight control through a healthy diet is important because obesity increases the workload on the heart and causes high blood pressure.

Lack of exercise
Healthy hearts need oxygen. Regular aerobic exercise, such as cycling, swimming or walking, at least three times a week will improve the efficiency of the heart and lungs.

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HEAT EXHAUSTION

Heat exhaustion is the most common form of heat-related illness and occurs when the body's heat-regulating mechanism is overloaded, resulting in exhaustion and fluid loss through perspiration.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Exhaustion and thirst**
- **Headache, nausea and dizzy spells**
- **Cramps**

▶ WHAT TO LOOK FOR

- **Profuse sweating**
- **Cool, moist and pale skin**
- **A rapid and weak pulse**

▶ WHAT TO DO

1 Help the victim to lie down in a shady place. Loosen any tight clothing at neck and waist and raise both legs.

2 If the victim is conscious, give frequent sips of cold water or sweet fluids. **DO NOT give salt because it increases dehydration.**

Seek urgent medical advice to avoid the onset of heat stroke. Note any change in the victim's condition and record any signs of deterioration.

3 If the victim becomes unconscious, turn him onto his side and check that the **airway** is clear and open **(see page 13)**.

Call for an ambulance as soon as possible because hospital care is needed urgently.

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HEAT STROKE

When sweating – the body's natural cooling system – ceases, the body temperature may rise to 40°C or more. If not treated promptly by cooling the body and replacing fluids lost through excessive perspiration, heat stroke will develop.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Headache and dizzy spells**
- **Feeling hot and very dry**

▶ WHAT TO LOOK FOR

- **A high temperature with a red, hot, dry skin**
- **Rapid, slow breathing**
- **A strong, full pulse at first, becoming weak and rapid**
- **Irritability and/or confusion**

▶ WHAT TO DO

1 Help the victim to lie down at total rest in a cool place. Remove all outer clothing. Keep the head and shoulders raised on a pillow or rolled-up clothing.

⊕ *Seek medical advice urgently.*

Help cool the body by undressing the victim down to her underwear

CONTINUED ▶

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2 If the victim is fully conscious, give frequent sips of cool water. Wrap her in a cold, wet sheet and fan her. If she starts to shiver, wrap her in a dry sheet and take her temperature. If it falls to 38°C, active cooling can be stopped although the temperature is likely to rise again. If it does, the victim will need further fanning over a wet sheet.

3 If the victim becomes unconscious, turn her onto her side and check that the **airway (see page 13)** is clear. Be ready to apply **cardiopulmonary resuscitation (CPR, pages 17–18)** immediately.

Call for an ambulance urgently.

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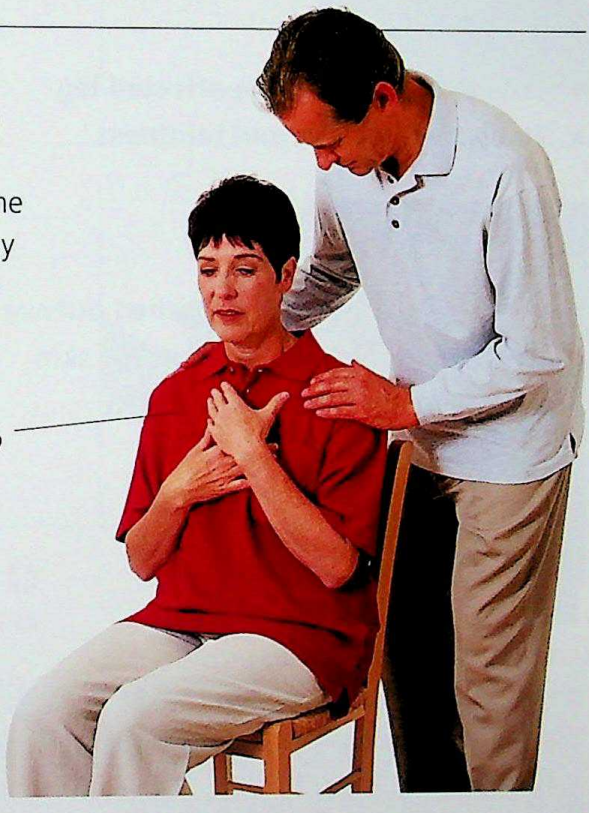
HICCUPS

Hiccups normally occur after drinking or eating and can be triggered by hot, spicy foods but may also be due to a particular medical condition. The sudden closing of the vocal cords produces the characteristic noise which follows a spasm of the diaphragm. The problem usually lasts only a short time but, in certain illnesses such as kidney failure, hiccups can become persistent.

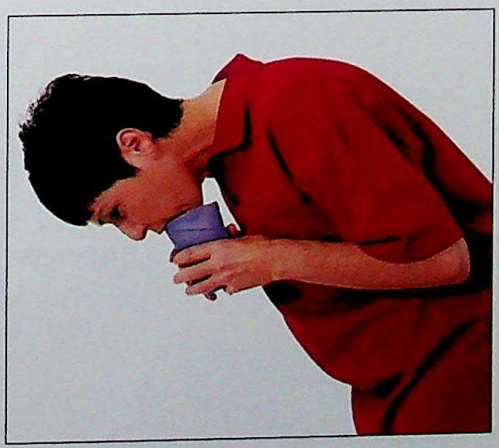
▶ WHAT TO DO

1 Allow the victim to sit down and encourage her to remain calm. Suggest that she should try holding her breath. This will alter the pressure on the diaphragm and may stop the spasm.



Holding the breath may stop the hiccups

2 In addition, give the victim a glass of cold water and suggest she drinks it as slowly as she can, from the far side of the container.



3 If these steps do not resolve the problem, start again from the beginning and repeat them.

⊕ *If the hiccups last two hours or more, or the victim becomes distressed and exhausted, seek medical advice.*

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HIP INJURY

Hip injuries occur most commonly in elderly people, particularly if they have had a fall. The area around the hip will be tender and swollen with blood which has leaked from damaged blood vessels. The victim needs very gentle handling with the minimum of movement to avoid further blood loss and severe shock.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain**
- **Loss of function in the affected leg**
- **Nausea, giddiness and faintness**

▶ WHAT TO LOOK FOR

- **An injured leg and foot turned outwards**
- **Paleness, with cold and clammy skin**
- **A swollen and bruised hip joint**

▶ WHAT TO DO

1 Reassure the victim that she will not be moved until an ambulance arrives. Try to provide some support for the injured limb by placing a folded blanket or rolled-up clothing gently along the leg.

Call for an ambulance as soon as possible.

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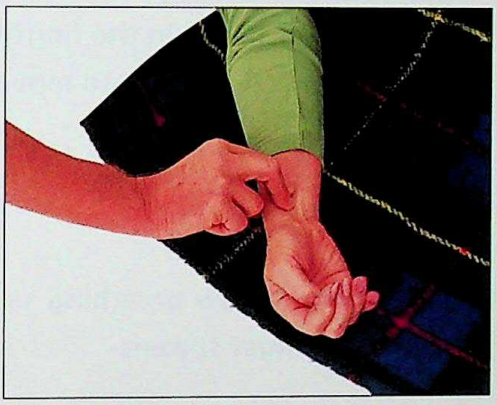
2 Cover the victim lightly with a blanket or clothing to reduce heat loss. If lying on a cold or wet surface, gently slide a blanket or something similar under the head, torso and uninjured leg, but **DO NOT move the injured side or attempt to protect the injured limb.**

3 Stay with the victim until an ambulance arrives. Check her pulse rate at intervals and note any change in her condition. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.



MANAGING OSTEOPOROSIS

Osteoporosis – reduction in bone density – occurs if the calcium content of bones decreases. This can happen with age and mainly affects elderly people, particularly women over 65 years of age. Wrist and hip joints are especially vulnerable. With this condition a hip can break without warning, causing a serious fall. Even when the daily calcium intake is normal, bones may become brittle and weak. To help avoid osteoporosis:

■ **Be aware of the risk factors**
Smoking cigarettes, drinking alcohol to excess, taking steroid medications regularly and not exercising regularly can all be factors in making you susceptible to osteoporosis.

■ **Take calcium**
Calcium is essential for bone growth and repair. Adults should have at least four daily intakes of low-fat dairy produce (which contains calcium) to maintain strong and healthy bones.

■ **Take a vitamin D supplement**
Vitamin D helps the body to absorb calcium. Sunlight accelerates the process. If exposure to a minimum of 15 minutes of sunlight per day is not possible, take vitamin D.

■ **Exercise**
Cycling, jogging and aerobic exercise have been shown to increase the rebuilding of bone cells and improve bone density.

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HYPERVENTILATION

Hyperventilation occurs when breathing becomes very shallow and extremely rapid as a result of stress, anxiety or fear. This causes an imbalance of the oxygen and carbon dioxide in the body which may require medical treatment. It is important to remember that some serious medical conditions can also cause rapid and shallow breathing and a doctor should always assess any person with these symptoms and signs.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **A choking feeling or an inability to breathe properly**
- **Tightness in the chest**
- **Extreme fear and apprehension**
- **Tingling and spasm in the fingers and/or toes**
- **Dizziness or an inability to move**

▶ WHAT TO LOOK FOR

- **Confusion**
- **Rapid and shallow breathing**
- **Claw-like finger spasms**

▶ WHAT TO DO

1 Reassure the victim that his symptoms will disappear once his breathing returns to normal. Keep any bystanders away to reduce stress.

2 Try to help the victim by counting out loud together to slow down his breathing rate. Deliberately set a slow rate and tell the victim to breathe on your count. **DO NOT use a paper bag for rebreathing because this can cause serious complications.**

If the victim cannot be calmed or continues to have breathing difficulty or severe finger spasms, call for an ambulance.

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Hypothermia is a medical emergency that occurs when the body cannot produce enough heat to stay warm and its temperature falls below 35°C. If a victim of hypothermia is not given prompt first aid and medical care, the heart will cease to function normally and death will occur.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Feeling very cold and shivery**
- **Numbness of the face, fingers and toes**
- **Difficulty walking**
- **Exhaustion**

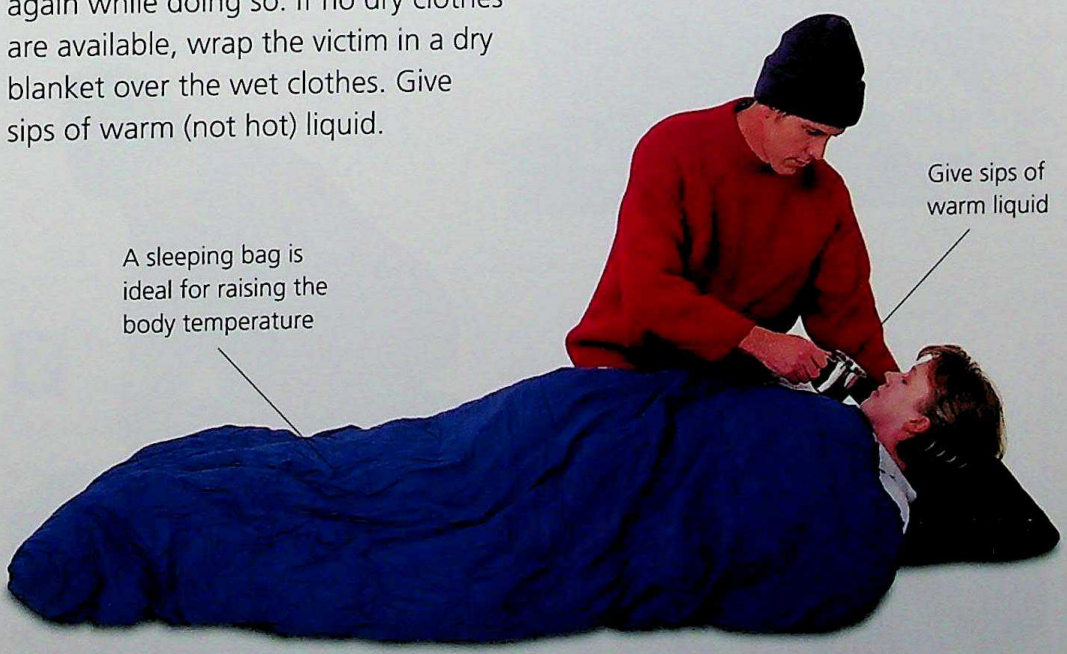
▶ WHAT TO LOOK FOR

- **Shivering (in the early stages)**
- **Mental confusion**
- **Lack of coordination**
- **Apathy and vagueness**
- **A slow pulse which becomes irregular**

▶ WHAT TO DO

1 Find or improvise shelter and help the victim to lie down. Warm the victim slowly by helping her into dry clothes if possible but do not allow the body temperature to fall again while doing so. If no dry clothes are available, wrap the victim in a dry blanket over the wet clothes. Give sips of warm (not hot) liquid.

✚ *Call for an ambulance as soon as possible. In a remote area, use radio communication if available, or send someone to contact the nearest ambulance service.*



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2 Place covered hot-water bottles in the victim's groin area and armpits. Alternatively, lie down beside her or share a sleeping bag to transfer body heat. Be gentle and keep her body horizontal at all times to maintain a normal blood circulation. Do not try to warm the victim by bathing her in hot water.

Body heat can be transferred by sharing a sleeping bag

3 If the victim becomes unconscious, turn her onto her side and check that the **airway (see page 13)** is clear. Maintain body heat while waiting for emergency personnel. Check the pulse and breathing rates often and note any changes in condition. If necessary, begin **cardiopulmonary resuscitation (CPR, see pages 17–18)** at once and continue until the ambulance arrives.

Place an unconscious victim on her side

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Infants under the age of 12 months can develop hypothermia very quickly because the heat-regulating centre in the brain is not fully developed. Sometimes infants suffering from hypothermia may seem to be normal, showing pink, healthy-looking skin, when in fact they have a low internal body temperature. The other symptoms listed will then be more useful indications of hypothermia. An older child may develop hypothermia if outside for a prolonged period in cold and wet conditions.

▶ WHAT TO LOOK FOR

- **An unusually quiet, sleepy and limp infant**
- **No interest in food or drink**
- **A slow pulse and slow breathing rate**
- **Uncontrollable shivering**
- **Pale, dry skin**

▶ WHAT TO DO

1 Gradually warm the victim with clothes and blankets. Place her in a warm room but not near a heater or in a warm bath. Direct heat warms the skin but not internal body organs, attracting more blood to the skin surface and causing a further drop in body temperature.

Warm the victim with clothes and blankets

2 Give the victim warm (not hot) fluids to drink. Remember to handle an infant with great care and gentleness.

⊕ *Seek urgent medical assessment because admission to hospital may be necessary.*

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HYSTERIA

Hysteria results from an over-reaction to a stressful or emotional situation. It can be seen as a temporary loss of control and symptoms are often more dramatic if there are any bystanders. Although the situation may appear to be serious, the victim rarely suffers any harm and will remain aware of any hazards throughout the attack.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Extreme fear and apprehension**
- **A choking feeling or an inability to breathe properly**
- **Tingling and spasm in the fingers**
- **Dizziness or an inability to move**

▶ WHAT TO LOOK FOR

- **Screaming, shouting and crying**
- **Rapid and shallow breathing**
- **Claw-like finger spasms**

▶ WHAT TO DO

1 Isolate the victim from any bystanders. Give her calm reassurance without being too sympathetic. Stay with the victim and observe any behavioural changes until the attack subsides.

2 Try to help the victim by counting out loud together to slow down her breathing rate. **DO NOT use a paper bag for rebreathing because this can cause serious complications.**

If the victim cannot be calmed or is having breathing difficulty or severe finger spasms, call for an ambulance.

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140–141 Jaw injury

142 Knee injury

143–144 Leg fracture

145 Leg Muscle injury

146 Lightning strike

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JAW INJURY

The most common cause of jaw injury is a heavy punch or blow to the jaw or cheekbone. These injuries can cause serious problems because the airway may be obstructed by blood or broken teeth which can lead to breathing problems. In addition, any injury serious enough to dislocate or fracture the jaw can result in damage to the head or neck.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Difficulty in speaking
- Pain on swallowing
- Nausea and vomiting
- Dribbling with excessive amounts of saliva
- Tenderness along the jawbone

▶ WHAT TO LOOK FOR

- Bloodstained saliva
- A wound inside the mouth
- Swelling and bruising
- Deformity of the jaw
- Irregularity of teeth

▶ WHAT TO DO

1 If the victim is fully conscious, help him to sit down with his head forward to allow saliva and blood to drain freely from the mouth. Ask the victim to spit out any blood from the mouth to avoid vomiting later. Ask the victim to support his injured jaw with both hands to stabilise the injured area.

⊕ *Arrange for medical advice as soon as possible.*

Ask the victim to support his injured jaw with both hands

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2 If the victim starts to vomit, support the injured jaw and head, wipe away the vomit and gently clean the mouth with tissues. If the vomiting becomes severe, or the victim becomes unconscious, roll him onto his side and check that the **airway (see page 13)** is clear. Note any changes in the victim's condition.

Call for an ambulance as soon as possible.

3 If the weather is cool or wet, protect the victim from a cold surface by gently easing a blanket or clothing underneath the head, trunk and limbs. Cover the victim lightly to maintain body temperature. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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KNEE INJURY

Knees can be injured in many ways – road accidents, sporting activities or a heavy fall at home or work. In such accidents the kneecap is often injured, and occasionally, the hinge joint beneath as well.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain in and around the joint
- Loss of joint function
- 'Locking' of the joint without warning
- Nausea

▶ WHAT TO LOOK FOR

- Swelling of the knee
- Deformity of the joint
- Pale, cold and clammy skin

▶ WHAT TO DO

1 Help the victim to lie down with a pillow or rolled-up clothing under the head for comfort. **DO NOT attempt to straighten or bend the knee.** Place some padding or rolled-up clothing under the joint to support it in the most comfortable position. Wrap a small towel around the knee for support.

Call for an ambulance as soon as possible.

2 Apply a crepe ***roller bandage (see page 202)*** around the knee to hold the padding in place. If outside, ease a blanket or something similar under the victim without moving the knee joint. Place a light covering over her to reduce shock. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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LEG FRACTURE

A broken leg is a potentially serious injury because of the risk of damage to nerves and blood vessels. The victim will be in pain and severely shocked and will need prompt treatment in hospital.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Severe pain at or near the injury site**
- **Loss of power and function in the affected limb**
- **Nausea and/or vomiting from shock**
- **Dizziness**

▶ WHAT TO LOOK FOR

- **If the upper leg is injured, visible deformity of injured area**
- **An injured leg turned or rolled outwards**
- **Shortening of the injured limb due to muscle spasm**
- **Pale, cold and clammy skin**

▶ WHAT TO DO

Call for an ambulance as soon as possible.

1 Help the victim to lie down while gently supporting the injured limb. Roll up some clothing or a towel to use as padding for extra support and stability. Place it along the uninjured limb and prepare to move it towards the broken leg. **DO NOT attempt to move the injured leg because further complications may occur.**

CONTINUED ▶

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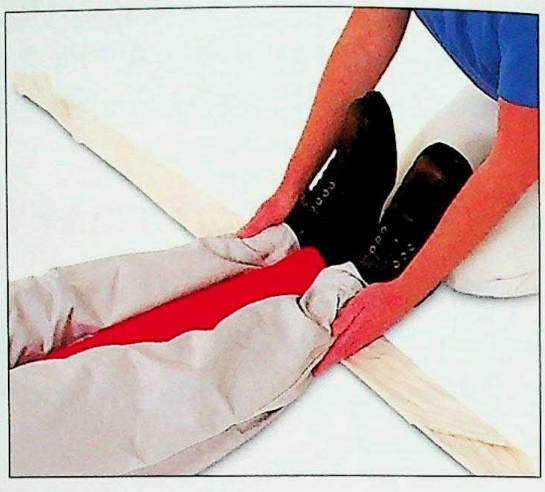
2 With the padding in place along the uninjured limb, slide a narrow-folded ***triangular bandage (see page 203)*** under the ankles and bring the feet together gently, moving the injured limb as little as possible.



3 Tie the ankles together with a figure-of-eight (criss-cross) bandage and maintain a firm pull until the knot is secure. **If this adds to the pain, stop at once and support the limb as it lies.**

4 Cover the victim lightly with a blanket or clothing; if on a cold or wet surface, ease a blanket or something similar under the head and trunk without moving the lower limbs. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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There are many muscles, tendons and ligaments in the leg which are easily damaged. Deep bleeding can fill the tissue spaces with blood and may be felt as a hard or cork-like sensation.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain at the injury site**
- **Pressure beneath the skin**
- **Reduced function of the injured part**

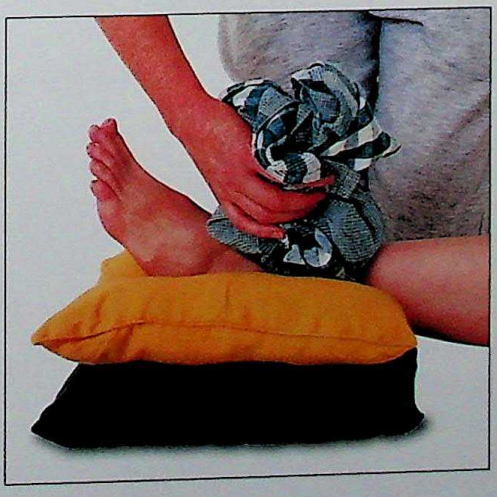
▶ WHAT TO LOOK FOR

- **Swelling of the injured area**
- **Tissues that feel hard to the touch**
- **Bluish discolouration around the injury site**

▶ WHAT TO DO

1 If the injury has only just occurred, first stop any further bleeding into the tissues by raising the part if possible on pillows or rolled-up clothing and applying a pressure pad and bandage.

2 After ten minutes of firm pressure to stop further bleeding, apply an ***ice pack (see page 218)*** to reduce pain and swelling. Remove the bandage to allow a wrapped ice pack to be applied, or apply an unwrapped ice pack over the bandage.



⊕ *After the initial first aid treatment, seek medical advice to avoid long-term disability and complications.*

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LIGHTNING STRIKE

Lightning strike is an ever-present risk during an electrical storm. When a person is struck and survives, serious burns are likely. As with electrical burns, there will be an entry burn and an exit burn. The exit burn is usually the more serious of the two. See *Accident prevention (page 263)*.

▶ WHAT TO LOOK FOR

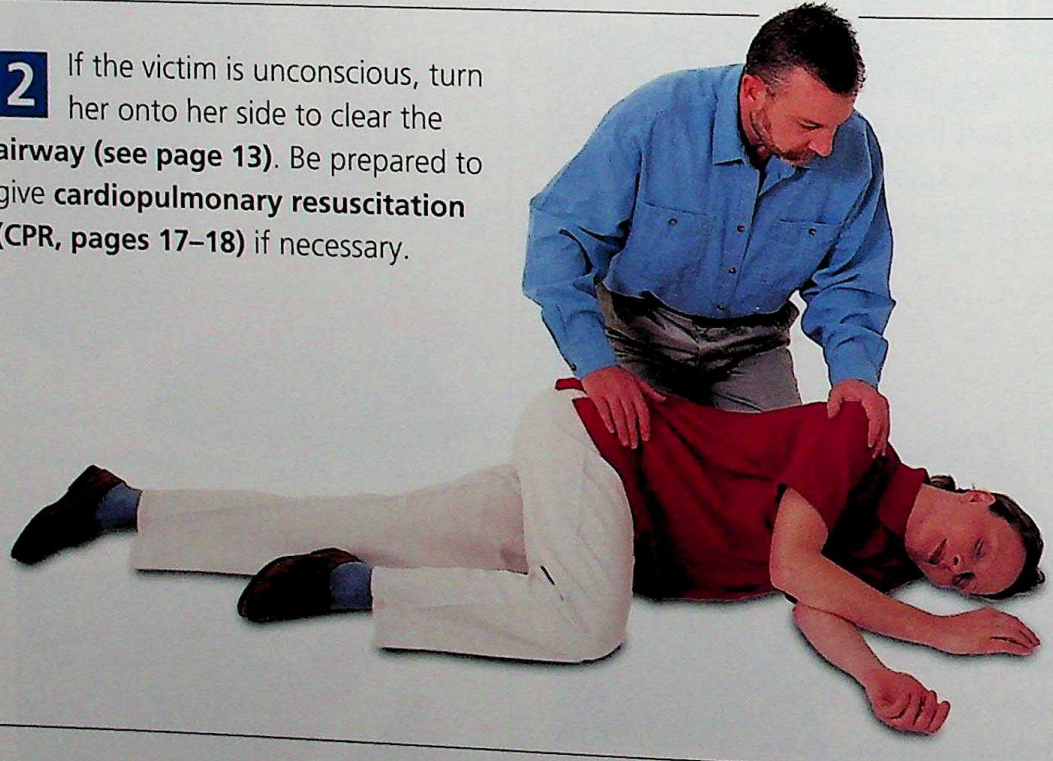
- **A collapsed, non-breathing person**
- **If victim is conscious, confusion and/or memory loss**
- **Temporary loss of hearing or vision**
- **Various injuries including burns**

▶ WHAT TO DO

1 If any clothing is on fire or smouldering the flames should be smothered with a coat or doused with water immediately.

Call for an ambulance as soon as possible.

2 If the victim is unconscious, turn her onto her side to clear the **airway (see page 13)**. Be prepared to give **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary.



3 If the victim is conscious, help her to lie down. Control any bleeding with a pressure pad. Look for entry and exit burns, especially on the feet, and cover any wound with a sterile dressing. If cold water is available, apply a ***compress (see page 218)*** to reduce the pain.

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148 Miscarriage

149 Muscle injury

150–151 Neck injury

152 Nose bleed

153 Nose injury Foreign object

154 Nose injury Fracture

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MISCARRIAGE

A miscarriage occurs when an expectant mother loses her baby before she reaches the twenty-eighth week of her pregnancy. This can happen without warning and can cause serious blood loss and shock.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Vaginal bleeding, often with blood clots**
- **Cramping pains in the lower abdomen**
- **Nausea, faintness, dizziness**

▶ WHAT TO LOOK FOR

- **Pale, cold and clammy skin**
- **Rapid and weak pulse**
- **Obvious signs of pain and distress**

▶ WHAT TO DO

1 Help the victim to lie down in a warm and comfortable place. Keep her head and shoulders raised on one or two pillows. Assess the bleeding and, if necessary, provide a napkin or sanitary pad.

Call for an ambulance as soon as possible. Reassure the victim while waiting for the ambulance to arrive.

2 Take and record the victim's pulse rate frequently. Do not give her any food or drink in case an anaesthetic is needed later. If the bleeding becomes severe and the victim appears paler and has an increasing pulse rate, raise her legs on several pillows.

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MUSCLE INJURY

A blow, a heavy fall or a collision may cause the tearing of a muscle or tendon with bleeding into the soft-tissue spaces. Deep bleeding can fill the tissue spaces with blood and may feel hard or cork-like.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain at the injury site**
- **Pressure beneath the skin**
- **Reduced function of the injured part**

▶ WHAT TO LOOK FOR

- **Swelling of the injured area**
- **Tissues that feel hard to the touch**
- **Bluish discolouration around the injury site**

▶ WHAT TO DO

1 If the injury has just occurred, first stop any further bleeding into the tissues by raising the injured part if possible on pillows or rolled-up clothing and applying a pressure pad and bandage.

2 After applying firm pressure for ten minutes to stop further bleeding, place an ***ice pack (see page 218)*** over the injury to reduce the pain and swelling. Remove the bandage to allow a wrapped ice pack to be applied or apply an unwrapped ice pack over the bandage.

After the initial first aid treatment, seek medical advice to avoid long-term disability and complications.

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NECK INJURY

The neck can be injured by a direct blow, a heavy fall onto the head, back or base of the spine or by a sudden jolting of the head. The injury may be associated with painful muscle spasm which adds to the pain. If the pain is severe or it follows a fall or a vehicle accident in which there was a 'whiplash' movement, urgent ambulance transport and prompt medical care are needed.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Restricted movement in parts of the body**
- **Loss of sensation in the limbs**
- **Headache**
- **Blurred or double vision**
- **A stiff neck**

▶ WHAT TO LOOK FOR

- **Any signs of recent injury**
- **Slurred speech**
- **Drowsiness or loss of consciousness**
- **Inability to move the limbs**

▶ WHAT TO DO

1 **If the injury is associated with a severe fall or direct blow to the neck**, avoid moving the conscious victim in case there is a fracture of the spine. Make the victim as comfortable as possible and advise him against moving his head or neck.

⊕ *Call for an ambulance to assess and move the victim.*

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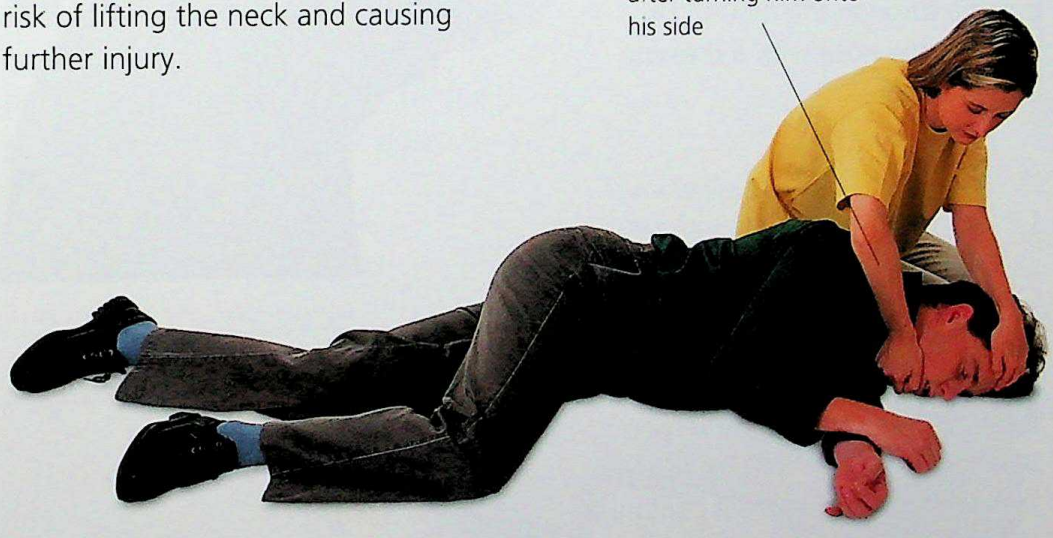
2 **If the injury followed a 'whiplash' movement or occurred after a sudden jolting or twisting movement of the neck,** advise the victim to rest for a while to help ease the muscle spasm.

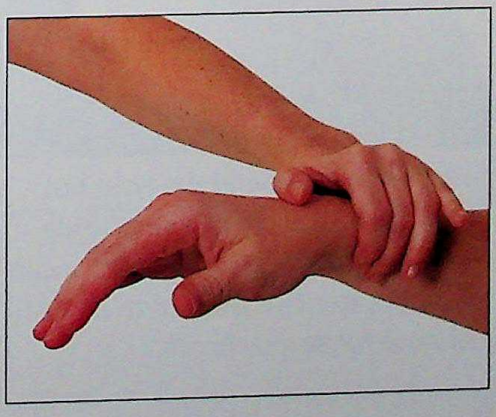
Even if rest relieves the pain, the victim should seek prompt medical advice because of the risk of severe complications later.

3 If the victim becomes unconscious, gently turn him onto his side and clear and open the **airway (see page 13)**. If other people are available, use their help to give gentle support to the victim's head and neck during the turn. **However, DO NOT wait for help – you can do this by yourself.** Pillows and padding should not be used because of the risk of lifting the neck and causing further injury.

Call for an ambulance promptly and watch for any changes in the victim's condition while you wait.



4 Check the conscious victim for any obvious injuries and give appropriate treatment. Cover the victim lightly to maintain body temperature but do not move any parts of the body. Check the level of consciousness every few minutes, make regular observations of the breathing and pulse rates and record any changes.



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NOSEBLEED

There are many small blood vessels in the nose, some very close to the skin's surface. If these are damaged, blood will flow from the nostrils. If a heavy punch or blow has fractured the skull, a bloodstained watery fluid may drain from the nose and be mistaken for a nosebleed. It is important to find out what caused the nosebleed – if the force was sufficient to cause a head injury, seek urgent medical advice.

▶ WHAT TO LOOK FOR

- **Bleeding from the nose**
- **Blood trickling down the back of the throat**

▶ WHAT TO DO

1 Help the victim to sit down with the head tilted forward. Ask her to pinch the soft part of both nostrils together and to breathe through the mouth. Do not plug the nose with a dressing or cottonwool.

2 The nostrils must be pinched together for at least ten minutes to allow a firm clot to form over the bleeding blood vessel. If it continues to bleed when the pressure is removed, reapply pressure.

If after 30 minutes the bleeding has not stopped, get medical advice because further treatment may be needed.

3 When the bleeding has stopped, give the victim a moist tissue to clean around the nose but instruct her to avoid cleaning inside the nostrils. Advise the victim to avoid strenuous exercise and not to blow her nose for several hours.

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A child may suffer injury by pushing an object into a nostril where it can become tightly wedged. Foreign objects and other internal injuries to the nose require prompt medical advice and treatment to avoid later complications and infection.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Difficulty breathing through the nose**

▶ WHAT TO LOOK FOR

- **Bleeding or clear nasal discharge**

▶ WHAT TO DO

1 Help the victim to sit down (a child may feel more relaxed on a parent's lap). Using a torch to provide adequate light, check for the presence of an object in the nose.

If a foreign object is seen, take the child to a doctor or hospital for medical advice and treatment as soon as possible.

Use a strong light to check for a foreign object

2 Do not try to remove the foreign object because you may cause further pain and injury. A doctor will use special instruments to avoid damage to the internal tissues. Do not give the victim any food or drink in case an anaesthetic is needed.

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NOSE INJURY Fracture

The nose can be easily injured in a fall or collision and the result is usually very painful. An anaesthetic is often needed to treat a broken nose so prompt medical advice is vital.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Difficulty breathing through the nose**

▶ WHAT TO LOOK FOR

- **Obvious deformity of the nose**
- **Bleeding or clear nasal discharge**
- **Swelling or bruising**

▶ WHAT TO DO

1 Help the victim to sit down. If there is some swelling or deformity of the nose, assume a fracture is present. If there is bleeding from one or both nostrils, ask the victim to hold his nostrils together firmly and breathe through his mouth for at least ten minutes with his head held forward.

2 Prepare a ***cold compress (see page 218)***. Ask the victim to hold it in place on the bridge of his nose and to change the compress when it is no longer cold.

Arrange for the victim to see a doctor as soon as possible. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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156 Overdose

157 Pelvis injury

158 Poison Absorbed

159 Poison Inhaled

160–161 Poison Swallowed

162–164 Poisonous plants – identification

165–166 Ribs Fractured

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OVERDOSE

The victim of an alcohol or drug overdose may need prompt emergency treatment. If the victim is conscious, advise him to seek medical aid but be aware that he has the right to refuse treatment and cannot be forced to go to a doctor or hospital.

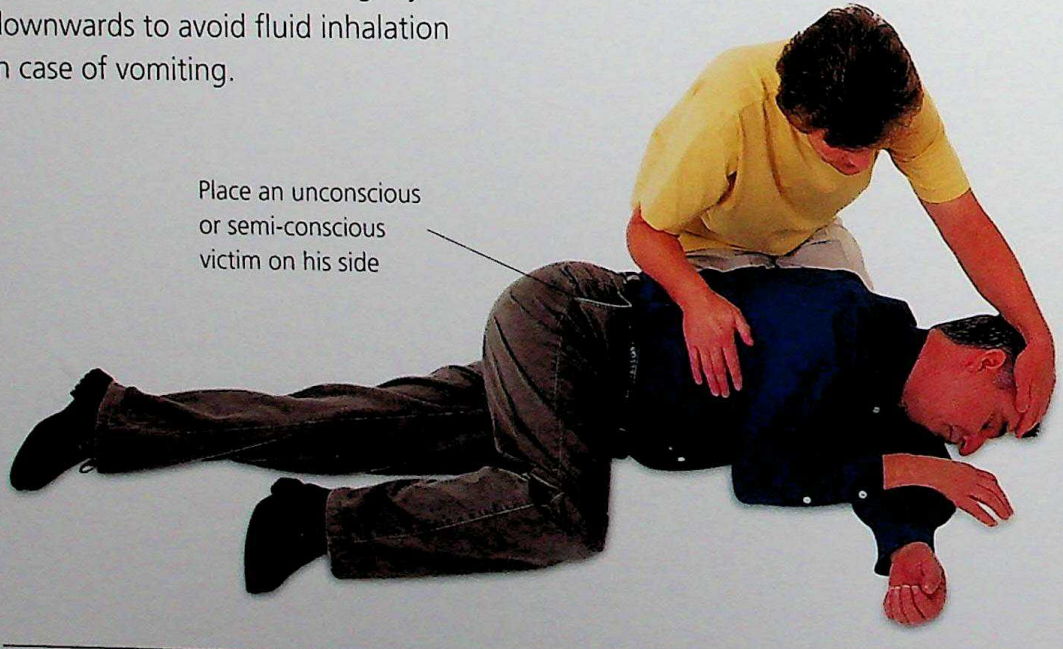
▶ WHAT TO LOOK FOR

- **Slurred speech**
- **Staggering or loss of coordination**
- **Dilation or constriction of the pupils of the eyes**
- **Vomiting**
- **Total or partial loss of consciousness**

▶ WHAT TO DO

1 If the victim is unconscious or semi-conscious, turn him onto his side at once to clear and open his **airway (see page 13)**. Make sure that his face is turned slightly downwards to avoid fluid inhalation in case of vomiting.

Call for an ambulance as soon as possible.



2 If the victim is conscious, keep a safe distance in case he becomes angry or violent. Note any changes in behaviour and level of consciousness. If the victim becomes drowsy or poorly coordinated, suggest he lies down. Be ready to turn the victim on his side if there is any deterioration in his condition.

Do not leave the victim until the ambulance arrives.

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PELVIS INJURY

The pelvis, below the abdomen, is the lowest part of the trunk. It contains the reproductive organs, bowel, bladder and urethra. There are also many nerves and blood vessels that pass through the pelvis so an injury to this region is likely to lead to serious complications.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in the pelvic region**
- **An inability to stand or walk**

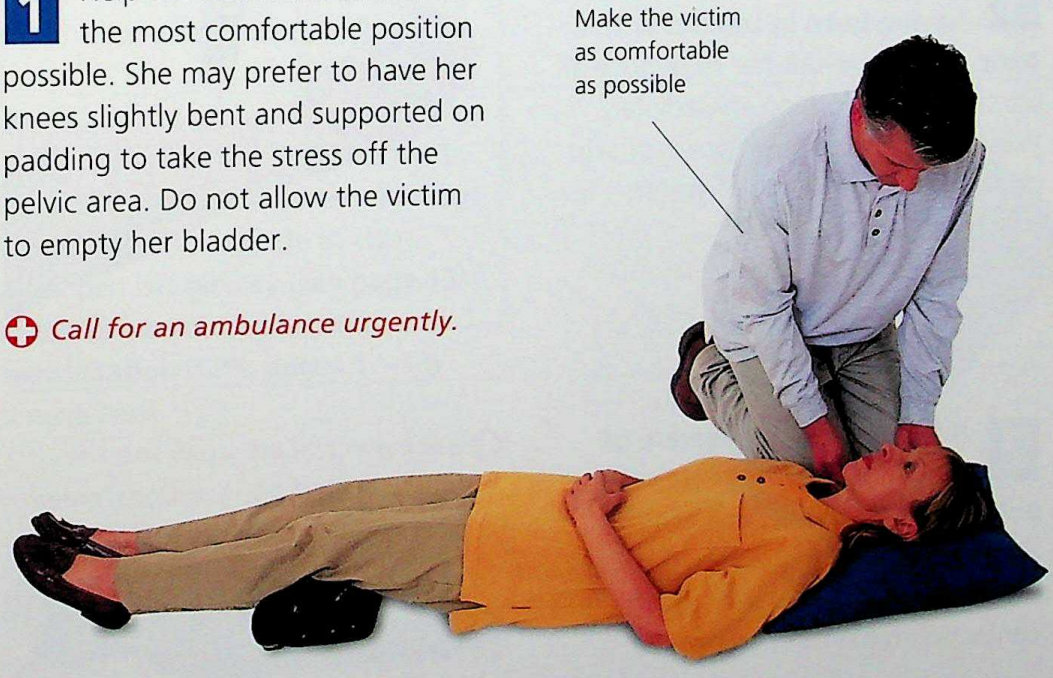
▶ WHAT TO LOOK FOR

- **Possible deformity in the pelvic/hip area**
- **Pale, cold and clammy skin**

▶ WHAT TO DO

1 Help the victim to lie down in the most comfortable position possible. She may prefer to have her knees slightly bent and supported on padding to take the stress off the pelvic area. Do not allow the victim to empty her bladder.

Call for an ambulance urgently.



2 If the victim is on a cold or wet surface, ease a blanket or something similar under the upper trunk and limbs, trying not to move the pelvic area. Cover her with a blanket or clothing to maintain body temperature. Do not give her any food or drink in case an anaesthetic is needed to treat the injury.

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POISON Absorbed

Some substances found in and around the home can be highly toxic if absorbed through the skin. These include insecticides, weedkillers and the leaves of several plants (see pages 162–164).

▶ WHAT THE VICTIM MAY COMPLAIN OF

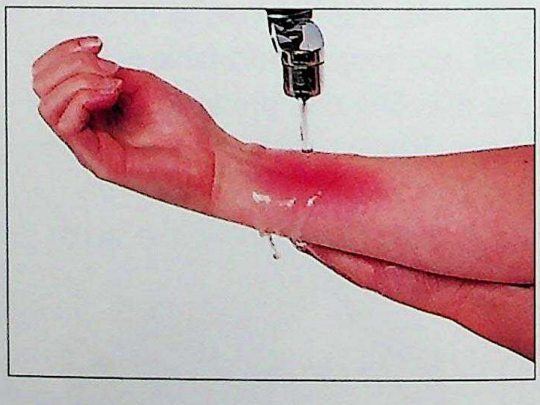
- **An irritating rash at the contact site**
- **Moderate to severe pain at the contact site**
- **Nausea, headache, dizziness**

▶ WHAT TO LOOK FOR

- **Area of redness, blisters or a rash**
- **Distress**

▶ WHAT TO DO

1 **If the victim is aware of having been in contact with a toxic substance**, ask her to remove all contaminated clothing immediately. Wash any contaminated areas of skin thoroughly under running water.



2 **If the victim is not aware of having been in contact with a poisonous substance**, check her activities during the past hour, noting the handling of any chemicals or contact with plants or trees.

Seek medical advice as soon as possible. DO NOT apply lotions, creams or ointments to the skin. If pain or discomfort continues, call for an ambulance and continue to wash the affected areas until it arrives.

3 If the victim becomes unconscious, turn her onto her side and ensure that her **airway (see page 13)** is clear and open. If collapse occurs, be ready to begin **cardiopulmonary resuscitation** promptly **(CPR, pages 17–18)**.

For more information, ring your local Poisons Information Centre.

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There are many substances around the home from which poisonous fumes can be inhaled accidentally. Fortunately, the most common source of fumes – household gas – is non-toxic. Its characteristic smell gives clear and early warning of any leaks and it is unlikely to cause death if inhaled.

▶ WHAT TO LOOK FOR

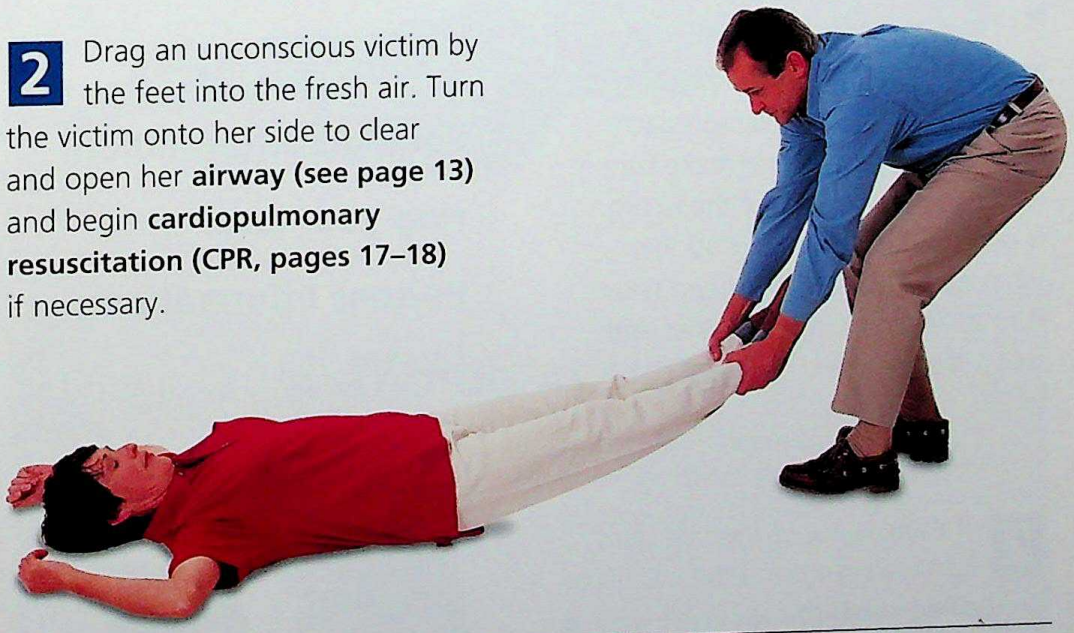
- **Breathing difficulty or breathing failure**
- **Confusion, listlessness, 'drunken' behaviour**
- **Abnormal colour including pale, bluish or cherry-pink skin**

▶ WHAT TO DO

1 If the victim is in an enclosed space, ventilate the area by opening all doors and windows, but avoid personal risk. If the victim is conscious, help her out of the contaminated area into fresh air.

Send someone to call for an ambulance as soon as possible. Medical assessment is vital because serious complications can result from the inhalation of a toxic substance.

2 Drag an unconscious victim by the feet into the fresh air. Turn the victim onto her side to clear and open her **airway (see page 13)** and begin **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary.



3 If the victim is conscious, allow her to rest in the fresh air under close observation until the ambulance arrives.

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POISON Swallowed

Poison is usually taken through the mouth, especially by young children who are naturally curious about new tastes and textures. Common household poisons which should be kept out of their reach include cleaning agents, insecticides, weedkillers and family medications.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Nausea
- Abdominal cramps

▶ WHAT TO LOOK FOR

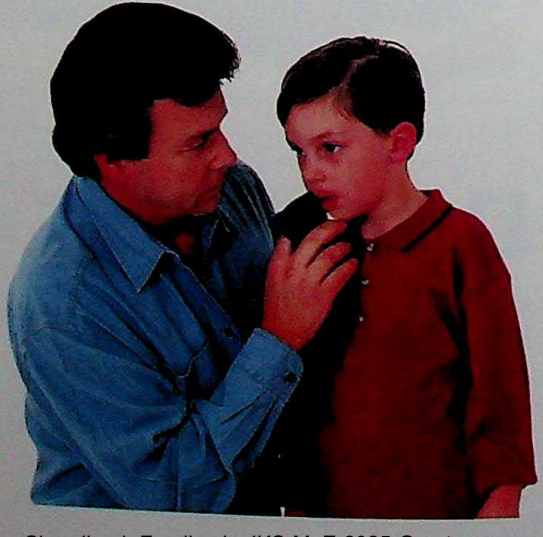
- Vomiting
- Seizures or convulsions
- Burns around the mouth and nose
- Diarrhoea
- Drowsiness or loss of consciousness
- Confusion or hallucinations
- A used container; berries

▶ WHAT TO DO

1 If you do not know what poison is involved, approach the victim with care and make sure it is safe for you to help. If the victim is conscious, immediately ask him what type of poison has been taken. Also ask how much was taken and when it was taken.

For more information, ring your local Poisons Information Centre.

2 If there is any redness or signs of burning around the mouth or on the lips, wash the area well with a wet cloth. Do not give any food or fluid unless directed to do so by the Poisons Information Centre because it can cause complications. If the victim is fully conscious and in pain, give only occasional sips of water to moisten the lips and mouth.



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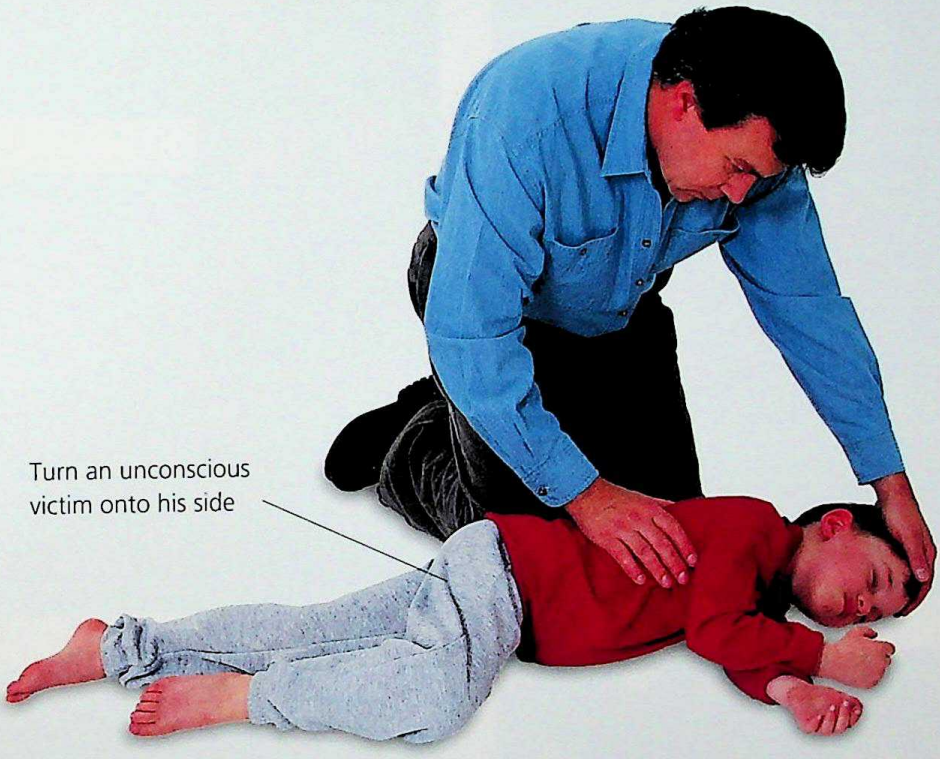
3 If the victim is unconscious, turn him onto his side and check that his **airway (see page 13)** is clear and open. If necessary, begin **cardiopulmonary resuscitation** promptly **(CPR, pages 17–18)**.

Call an ambulance as soon as possible and give the crew members any sample of poison or vomit to take to the hospital with the victim.



Turn an unconscious victim onto his side

AVOIDING ACCIDENTS

- Children are the most frequent victims of poisoning. Remember to keep any dangerous substances out of their reach.
- A child-proof medicine cupboard is a sensible idea that provides peace of mind. Encourage family members to store their medications inside it.
- Chemicals should be left in their original, correctly labelled containers and never mixed or transferred into food or soft drink containers that might be attractive to a child.
- Never mix cleaning products together. Store them in a locked cupboard or on a shelf that is inaccessible to a child.
- Take medicines at the correct time and as directed by the doctor.
- Keep medicines in childproof containers if they are likely to be dangerous to a child.
- Return out-of-date medicines or those no longer needed to a pharmacy for safe disposal.

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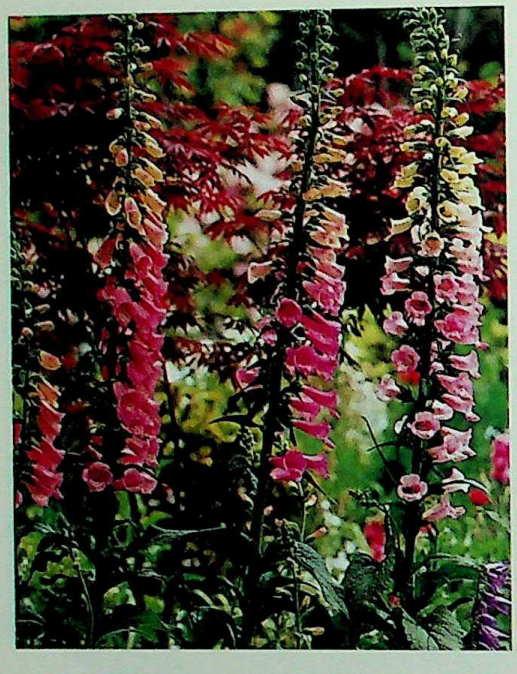
POISONOUS PLANTS

Some of the prettiest plants can be dangerous if their flowers or leaves are eaten or they come into contact with the skin or eyes. The list of toxic plants found in the garden or the countryside is long, and some of those pictured here can cause death or serious illness. Small children are especially at risk because of their light bodyweight. Discourage them from touching plants or using them in their play.



FOXGLOVE
Despite the medicinal properties of the foxglove – it is the source of the cardiac stimulant digitalis – all parts of the plant are poisonous. It can cause irregularities in the heart rate, as well as stomach pain and diarrhoea.

DAPHNE
Daphne, which originated in China, thrives in frost-free temperate areas and is grown for its beautifully perfumed pink flower clusters. Eating daphne berries causes swelling of the lips and tongue, followed by vomiting and collapse.

CHRISTMAS ROSE
The Christmas rose, or hellebore, displays its white or maroon flowers in mid winter when few other plants are in bloom. Swallowing any part of the plant can cause severe gastroenteritis.

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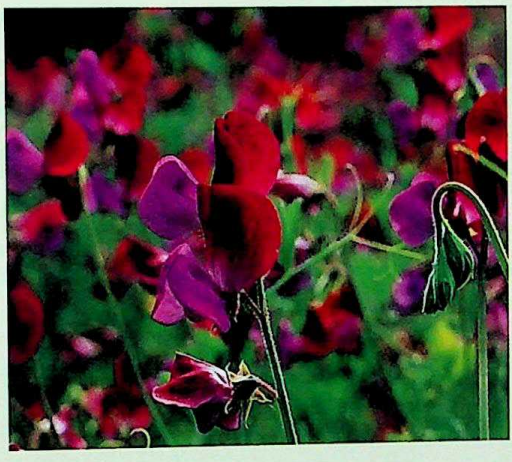
ARUM LILY

Arum lilies grow easily in moist, well-drained soil and bear flowers in spring to early summer. The distinctive gold flower spike and white sheath contain needle-sharp crystals of calcium oxalate, which can pierce the tongue and throat and introduce an enzyme that causes swelling followed by serious stomach inflammation.



SWEET PEA

This favourite garden plant blooms from late winter to early summer. A vigorous annual climber, it produces fragrant flowers followed by seeds, which, if eaten, may cause paralysis, a weak pulse, breathing difficulties and convulsions.

ANGEL'S TRUMPET

The pendant white to pale apricot flowers of the angel's trumpet are sweet smelling, especially at night, but are as poisonous as all the other parts of this plant if eaten. Symptoms are thirst, hallucinations, convulsions, violent behaviour and coma, sometimes resulting in death.

OLEANDER

The oleander is often found in streets and public parks; all species are equally poisonous. The danger is not confined to eating the plant; when used as fuel oleander produces highly toxic fumes and rotting foliage can contaminate water.

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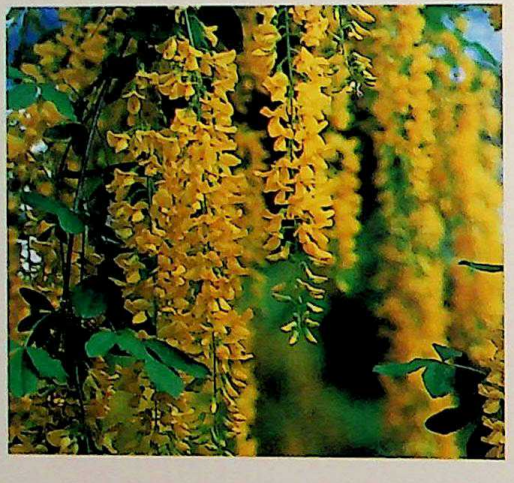
LANTANA

Lantana should always be approached with caution. The leaves can cause dermatitis while the fruits are especially toxic when unripe, and if swallowed may cause delayed symptoms of gastroenteritis and serious respiratory difficulties.



LABURNUM

Laburnums are cool-climate plants which bear numerous, bright yellow, drooping flowers followed by brown seedpods. All parts of the plant are toxic and gardeners should wear gloves when pruning or collecting clippings.

GLORY LILY

This tropical climbing plant, grown from tubers for its showy appearance, is also cultivated indoors in pots in non-tropical regions. Eating any part of the plant may cause neurological disorders and severe gastric attacks.

POINSETTIA

Poinsettias, with their showy red, pink or cream flowers, contain a milky sap or latex with corrosive chemicals that irritate the skin. If the sap or even dried traces of it touches the eyes, temporary blindness may result.

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RIBS, FRACTURED

Injuries to the ribs may lead to life-threatening internal bleeding with the possibility of breathing and circulation problems, especially if the injury is accompanied by a wound.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Breathing difficulty with shallow and gasping breaths**
- **Chest pain**

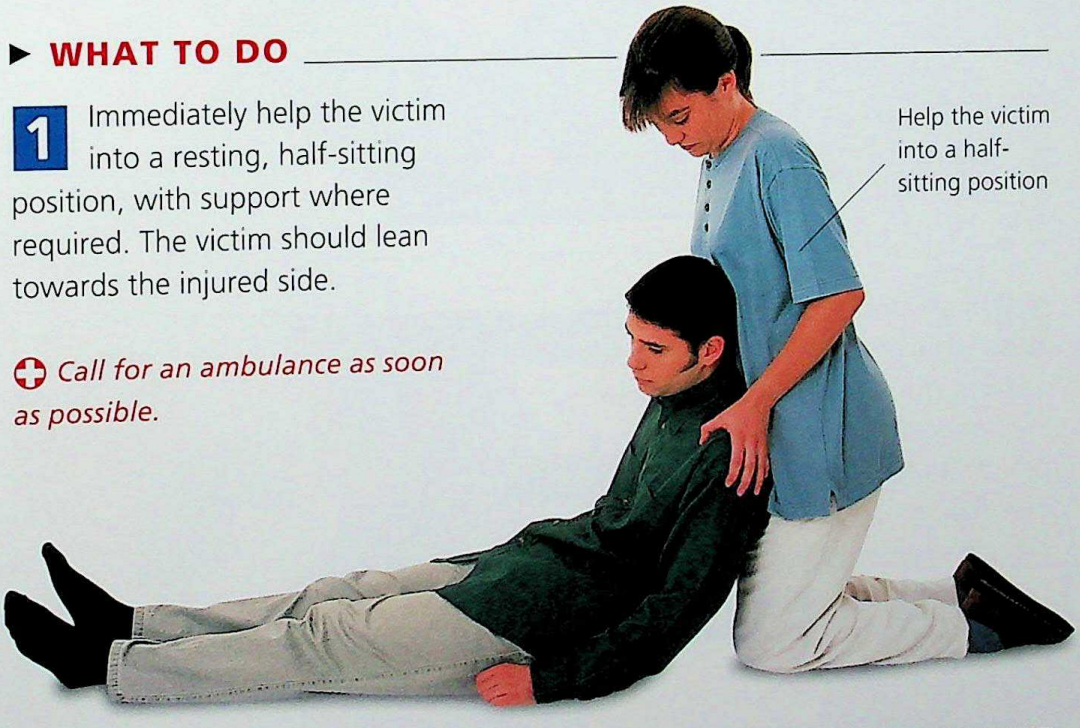
▶ WHAT TO LOOK FOR

- **Bright red, frothy blood coughed up**
- **Blueness of tongue and lips**
- **Sucking noise as air enters the chest cavity with each breath**
- **Blood-stained fluid bubbling around the wound**

▶ WHAT TO DO

1 Immediately help the victim into a resting, half-sitting position, with support where required. The victim should lean towards the injured side.

Call for an ambulance as soon as possible.



2 Check for a wound. If one is found, stop any bleeding and restrict the entry of air into the chest cavity by placing your hand firmly but gently over the wound. If a dressing or a clean tissue is readily available, use it as a barrier between your hand and the wound.

CONTINUED ▶

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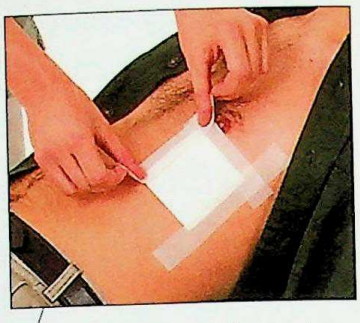
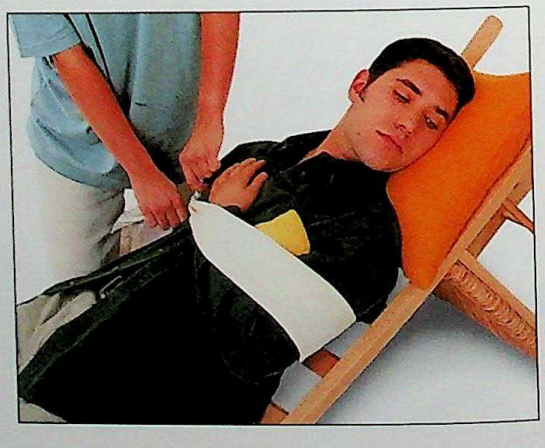
3 To allow air to escape, but not to enter, seal the dressing on three sides with adhesive tape. Leave the bottom edge open to let air escape. Then cover the whole dressing loosely with an unsealed square of plastic food wrap or aluminium foil. This will prevent any air entry.



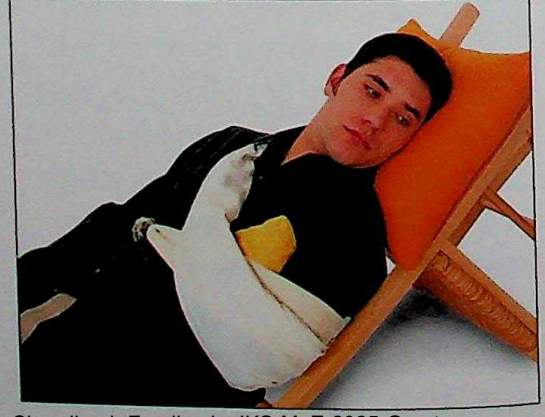
Tape the sides and top of the dressing only

An upended chair is a useful support

4 If an ambulance is likely to take some time to arrive, place some padding over the dressing, between the arm and chest wall. Then apply a broad bandage around the chest and over the arm on the injured side to provide support to the injured area.



5 If necessary for comfort and support, apply an ***elevation sling (see page 213)*** over the injured side with the chest binder underneath. Give frequent reassurance to the victim and check breathing and pulse rate every few minutes, noting any change in condition.



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168 Severed limb

169 Shock

170 Smoke inhalation

171 Splinters

172–173 Sprains and strains

174–175 Stab wound

176 Stings Ant

177 Stings Bee & wasp

178 Stings Fish

179 Stings Non-tropical jellyfish

180–181 Stings Tropical jellyfish

182–183 Creatures that sting – identification

184–185 Stroke

186 Sunburn

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SEVERED LIMB

If a limb is severed or amputated, there is a chance that surgery can rejoin the damaged part. However, for this to be successful, immediate care of both the stump and severed limb is essential. Controlling the bleeding is the first priority in emergency care.

▶ WHAT TO LOOK FOR

- **Severed limb or body part**
- **Bleeding**
- **Shock**

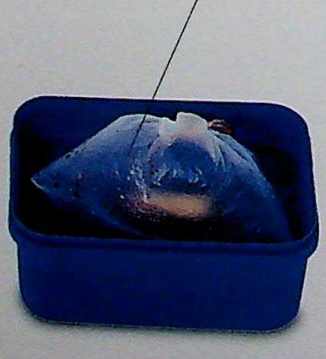
▶ WHAT TO DO

1 With the victim lying down at total rest, control the bleeding by applying direct pressure over the stump with a soft, bulky pad and ***roller bandage (see page 202)*** and raise the injured part. Replace any damaged tissues in their original position if possible.

Call for an ambulance as soon as possible.

2 Rescue the severed part – in this case, a thumb – with great care. Place it in a plastic bag and blow into the bag to make an air cushion around the part. Place the bag in a container of cold water to which some ice cubes have been added. Do not allow any ice to come into direct contact with the severed part.

Blow into the plastic bag to create an air cushion for the severed part



Take the container to hospital with the victim.

3 Reassure the victim until the ambulance arrives. Check frequently for any blood leaking through the dressing and bandage. If necessary, change the dressing.

Check the victim's pulse rate every ten minutes and note any changes to report to the ambulance officers. Do not give the victim any food or drink in case an anaesthetic is needed.

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SHOCK

Shock is a condition which affects every victim of injury or sudden illness. It is caused by the body's natural response to an emergency when more blood is sent to the vital organs. The skin loses its normal blood supply and the victim will become pale with cold, clammy skin as blood is withdrawn to boost the central 'core' circulation.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Feeling weak, faint and giddy**
- **Nausea and even vomiting**
- **Pain (depending on the problem)**

▶ WHAT TO LOOK FOR

- **Pale, cold and clammy skin**
- **Rapid and shallow breathing**
- **Yawning or sighing ('air hunger')**
- **Weak and rapid pulse**

▶ WHAT TO DO

1 Quickly help the conscious victim to lie down and raise both his legs. Loosen any tight clothing at neck and waist. If the victim has chest pain or a possible head injury, do not raise his legs.

2 If the victim fails to respond to the spoken voice or touch at any time, turn him onto his side at once and ensure that his **airway** is kept clear and open **(see page 13)**.

⊕ *Call for an ambulance as soon as possible. Avoid giving any food or drink in case an anaesthetic is needed to treat the underlying condition.*

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SMOKE INHALATION

If a large quantity of smoke is inhaled accidentally it can lead to serious illness or even death. Smoke causes spasm in the airways so that breathing becomes laboured and painful. Airway burns may result from the inhalation of hot smoke and, in a house or office fire, toxic fumes from burning synthetic material can lead to serious complications.

▶ WHAT TO LOOK FOR

- **Breathing difficulty or breathing failure**
- **Burns to the face, mouth and nose**
- **Confusion, listlessness, uncooperative behaviour**

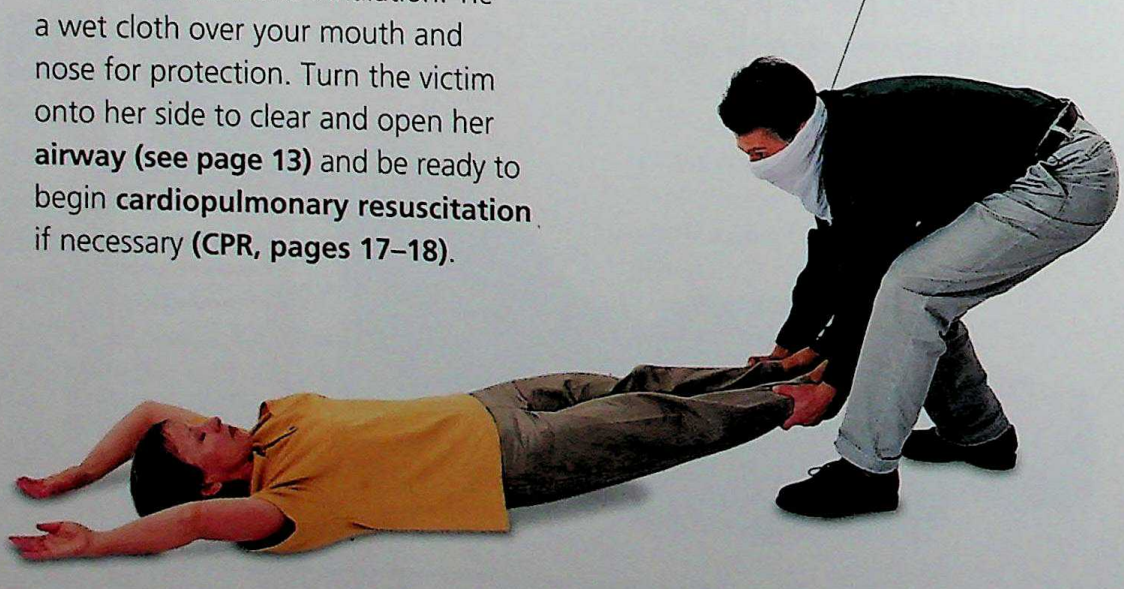
▶ WHAT TO DO

1 If the victim is in an enclosed space, ventilate the area by opening all doors and windows. If she appears to be conscious, assist her out of the smoke-filled area but avoid personal risk.

Send someone to call for an ambulance as soon as possible. A medical assessment is vital because serious complications can result from the inhalation of a toxic substance.

2 If the victim appears to be unconscious, drag her by the feet into fresh air, keeping low to the floor to avoid smoke inhalation. Tie a wet cloth over your mouth and nose for protection. Turn the victim onto her side to clear and open her **airway (see page 13)** and be ready to begin **cardiopulmonary resuscitation** if necessary **(CPR, pages 17–18)**.

A wet cloth over your mouth and nose will help to avoid smoke inhalation



3 If the victim is still conscious, allow her to rest in the fresh air under close observation until the ambulance arrives.

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SPLINTERS

If splinters are not removed promptly the tissues around the injury can become infected. Usually, a splinter can be removed simply with a special splinter remover (available from most pharmacists), a sewing needle or a pair of splinter forceps (tweezers).

▶ WHAT THE VICTIM MAY COMPLAIN OF

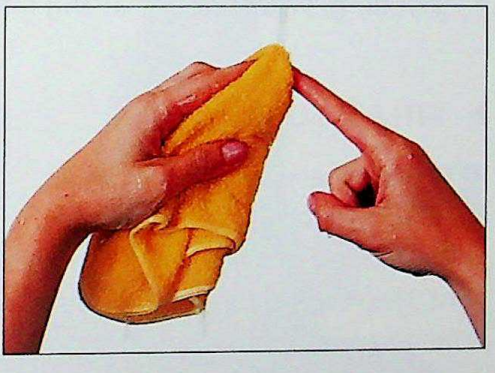
- **Pain and tenderness**

▶ WHAT TO LOOK FOR

- **The splinter**
- **Signs of infection**

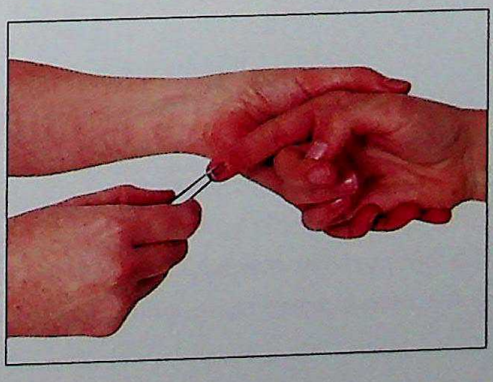
▶ WHAT TO DO

1 Wash around the splinter site with soap and water, then dry the area well with tissues (the victim may prefer to do this if the area is painful). Help the victim to sit down comfortably, in a good light.



2 Find the splinter. If it is close to the surface of the skin it can probably be removed easily. The victim may be able to remove it without assistance by using the cutting edge of a splinter remover at one end to open the skin on top of the splinter. The hooked end can then be used to lift and remove the splinter. If using a sewing needle, the needle should be sterilised first by holding it in a lighted flame for a few seconds. Wipe off any soot with a clean tissue before using the needle to open the skin.

If the splinter is hard to remove, breaks off or is very painful, cover the site with a small adhesive dressing and make an appointment with a doctor. If the victim has not had a tetanus immunisation injection within the past five years, ask the doctor whether a booster injection is needed.



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SPRAINS AND STRAINS

Sprains

A sprain occurs when the ligaments and tissues around a joint are over-stretched or torn. The most common places for a sprain are the ankle or the wrist. However, because some sprains are associated with other injuries it can be very difficult to tell a sprain from a fracture (broken bone). If in doubt, always treat such an injury as a fracture.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain in and around the joint**
- **Nausea, giddiness or faintness**
- **Feeling cold and shivery**
- **Loss of power and function in the joint**

▶ WHAT TO LOOK FOR

- **Swelling, with some bruising later**

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible. Avoid moving or touching the injured joint. Help the victim to rest the injured limb on a pillow or other soft support to control the swelling and pain.

2 Apply a figure-of-eight (criss-cross) ***roller bandage (see page 202)*** firmly, but not tightly, over the injured joint. After ten minutes an unwrapped ***ice pack (see page 218)*** can be applied over the bandage to reduce the pain and swelling.

Always seek medical advice in case a fracture is present.

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Strains

Strains happen when a muscle or tendon is stretched or torn elsewhere in the body. They usually occur in the neck, lower back, thigh or calf as a result of a sudden movement or the overstretching of a muscle.

▶ WHAT THE VICTIM MAY COMPLAIN OF

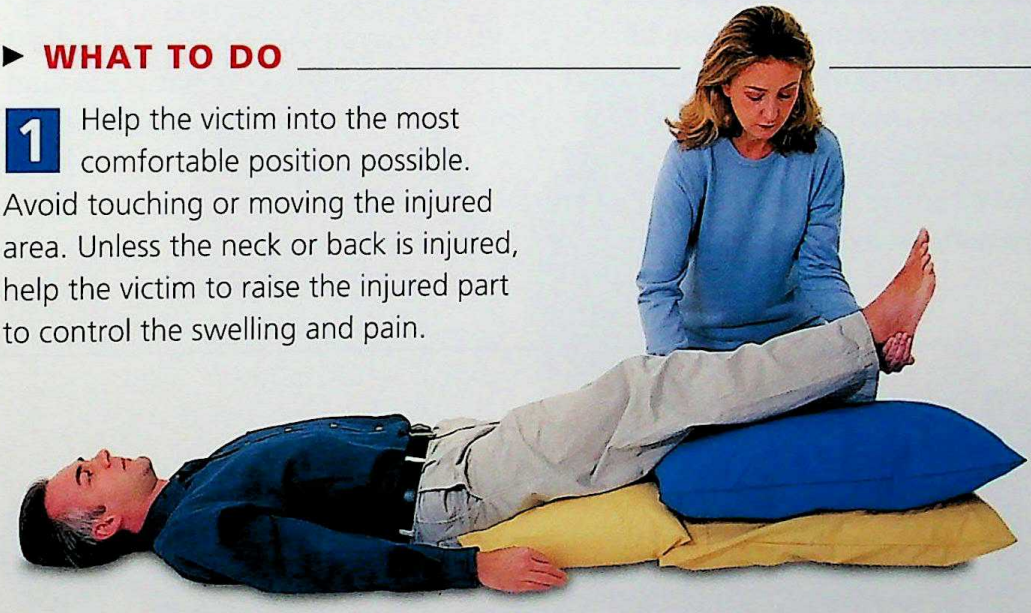
- **Sudden, sharp pain in the area**
- **Stiffness and swelling**
- **Cramp in the injured tissue**

▶ WHAT TO LOOK FOR

- **Cramping spasm of the injured area**

▶ WHAT TO DO

1 Help the victim into the most comfortable position possible. Avoid touching or moving the injured area. Unless the neck or back is injured, help the victim to raise the injured part to control the swelling and pain.



2 Apply a pressure pad and bandage. After ten minutes of firm pressure, apply an unwrapped ***ice pack (see page 218)*** over the bandage or, if the victim prefers, take the bandage off and apply a wrapped ice pack for ten minutes only.

3 If there is soreness of the lower back the victim should rest for up to an hour to help ease the muscle spasm.

⊕ *After the initial first aid treatment, seek medical advice to avoid long-term disability and complications.*

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STAB WOUND

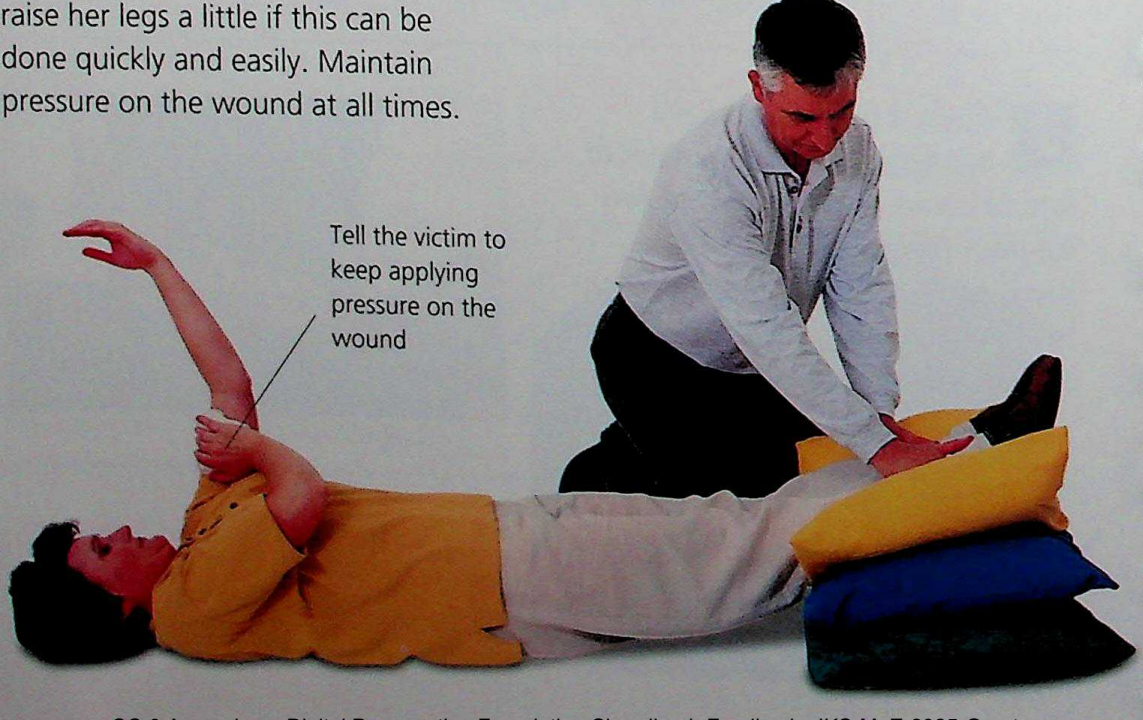
A stab wound is usually a serious injury and prompt first aid is needed to stop the loss of blood. If a knife or other weapon remains embedded in the wound it should not be removed because it may be helping to control the bleeding. Whenever possible, a pad or fabric barrier should be placed over the wound to avoid contact with another person's blood but, if bleeding is severe, no time should be lost in applying pressure.

▶ WHAT TO DO

When no knife is present

1 If the wound is bleeding, immediately apply direct pressure over it using a sterile or clean bulky dressing. If the victim can do this herself, this is best because she will know how much pressure to apply. When possible, the injured part should be raised above the level of the heart to reduce bleeding. For an injured arm or leg, raise the limb after pressure has been applied.

2 Help the victim to rest, preferably lying down. If there is bleeding from the trunk, face or scalp, keep the head raised on a pillow. If the victim is feeling faint and giddy, raise her legs a little if this can be done quickly and easily. Maintain pressure on the wound at all times.



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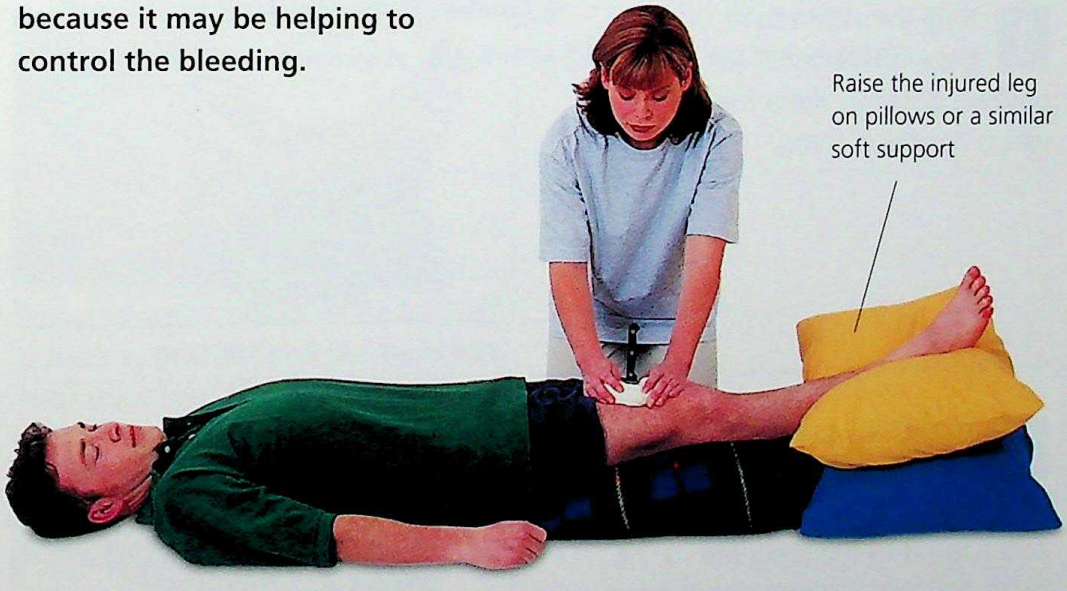
3 As soon as possible, fix the dressing pad firmly in position with a ***roller bandage (see page 202)***. For an injured arm, compare the colour of the fingertips on that arm with the other hand and, if the skin looks blue, white or mottled on the injured side, loosen the bandage.

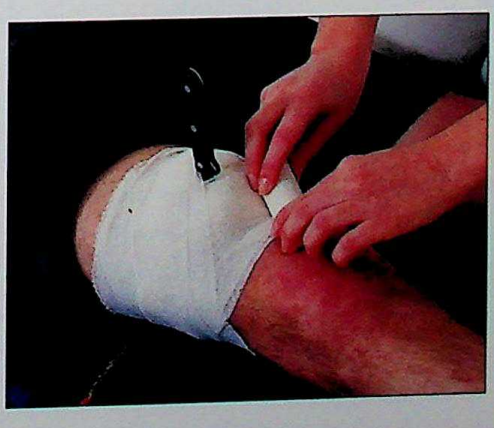
If the wound is severe or deep, or if there are several stab wounds, call for an ambulance as soon as possible. Otherwise, seek prompt medical advice because of the risks of scarring and infection.

When a knife is embedded in the wound

1 Use pressure around the object to stop any bleeding. Build up bulky padding around the wound. **DO NOT try to remove the knife because it may be helping to control the bleeding.**



2 Apply a ***roller bandage (see page 202)*** firmly in a figure-of-eight (criss-cross) formation over the padding to hold it in position. Keep the victim at total rest and reassure him frequently.



Call an ambulance as soon as possible because the weapon needs to be removed to avoid further tissue damage. Apart from the risk of serious bleeding, infection is likely and needs medical assessment and care.

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STINGS Ant

All ant species sting, but it is the bulldog ant which causes the greatest pain to its victim. Some people are allergic to ant venom and are likely to have a more serious reaction to the sting.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Immediate pain at the sting site**
- **An itchy rash and wheezing (if allergic to the venom)**

▶ WHAT TO LOOK FOR

- **Redness and swelling at the sting site**
- **Facial swelling and breathing difficulty (if allergic to the venom)**

▶ WHAT TO DO

1 Help the victim to sit or lie down in the most comfortable position possible. Raise the area which has been stung.

2 If possible, prepare an ***ice pack (see page 218)*** for pain relief. Wrap it in a damp cloth or tea towel and apply it to the sting site for no more than ten minutes at a time.

3 Re-apply the wrapped ice pack for ten minutes in every hour or as often as the victim finds it necessary for pain relief.

Seek medical advice if the pain is severe or if it continues for more than 12 hours.

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Bee and wasp stings can be very painful but are usually harmless. After stinging, the bee leaves a single sting, which is barbed and contains a venom sac, in the skin. European wasps, which are very aggressive and give multiple stings, do not leave a barb behind.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Immediate pain at the sting sites**
- **Itching**
- **Swelling inside the throat (if allergic to the venom)**
- **Wheezing and breathing difficulties (if allergic to the venom)**

▶ WHAT TO LOOK FOR

- **Swelling and redness at the sting site**
- **Swelling of the face and eyelids with a rash (if allergic to the venom)**
- **Vomiting (if allergic to the venom)**
- **Rapid pulse and wheezy breathing (if allergic to the venom)**

▶ WHAT TO DO

1 For a bee sting, scrape the barb off the skin immediately with a fingernail or by brushing the barb off sideways. **DO NOT pull the barb out.** Help the victim to lie down in the most comfortable position possible. Raise the area which has been stung.

2 If possible, prepare an ***ice pack (see page 218)*** to relieve the pain, wrap it in a damp cloth or tea towel and apply it to the sting site for no more than ten minutes at a time. Re-apply the wrapped ice pack for ten minutes in every hour or as often as necessary for pain relief.

3 Keep the stung area raised as much as possible. If a lower arm or hand is involved, apply an ***elevation sling (see page 213)*** for support.

Call for an ambulance urgently if the victim develops an allergic reaction such as a rash, wheezing or swelling around the face, eyes or neck.

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Some marine fish which are found in shallow water can harm people if trodden on or accidentally handled. The stonefish and bullrout have venom glands linked to their spines and can inject venom deep into the skin, causing their victims severe pain. The stingray, which has a barbed spine on its tail, can inflict serious tissue damage.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Intense pain at the sting site**
- **Panic or confusion**

▶ WHAT TO LOOK FOR

- **An open wound, often bleeding freely**
- **Swelling and grey-blue skin discolouration**
- **Irrational behaviour**

▶ WHAT TO DO

1 Try to calm and reassure the victim and keep him at total rest. DO NOT allow the victim to rub or massage the stung area. If a wound is present, apply a sterile or clean dressing and bandage it in position.

Call for an ambulance as soon as possible.

2 If possible, place the foot or stung part in water as hot as the victim can bear. This will help to relieve the pain.

If in an isolated area, transport the victim to the nearest medical facility because there is an antivenom for stonefish stings.

Place the stung part in water as hot as the victim can tolerate

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There are many species of non-tropical jellyfish that trail tentacles with stinging cells. Jellyfish most commonly injure swimmers in summer. Although their tentacles can cause pain as they inject venom, the injury is usually not life-threatening.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Immediate pain at the sting site**
- **Pain in the back and in the large muscles**
- **Pain in the groin and armpits**
- **Nausea, vomiting, headache and severe sweating**
- **Painful breathing**

▶ WHAT TO LOOK FOR

- **Oval white marks on the skin, sometimes with a red flare around them**
- **Other sting markings on the skin**

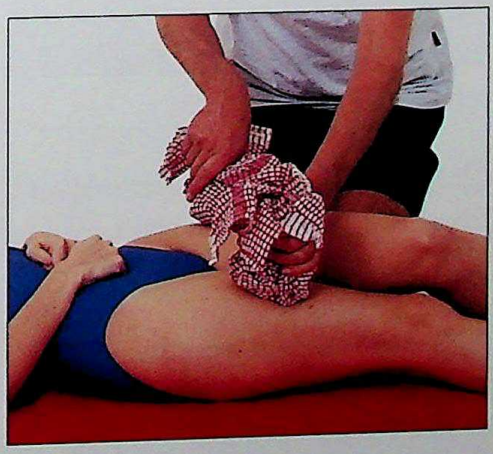
▶ WHAT TO DO

1 Reassure the victim and help her out of the water to a resting position. DO NOT apply any vinegar to the stung area. Prevent the victim from rubbing the skin area to avoid increasing the pain.

If the pain is severe, call for an ambulance as soon as possible.

2 If possible, prepare one or more ***ice packs (see page 218)*** to relieve the pain, wrap them in damp cloths or tea towels and apply them to the sting site for ten minutes. If the pain returns, reapply the ice packs for ten minutes in every hour or as often as necessary for pain relief.

Even if the pain is bearable, arrange for prompt medical advice.



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STINGS Tropical jellyfish

There are several species of tropical jellyfish found in the coastal waters of Asia and northern Australia. One of these is the box jellyfish, which is the most venomous jellyfish in the world. Its sting can be fatal unless the antivenom is given urgently. All species have long tentacles with stinging cells, which cause excruciating pain as they inject venom. The tentacles break off and are left on the victim's skin, allowing more cells to inject venom. Urgent first aid and medical treatment are required.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Immediate pain in the stung area**
- **Pain in the back and in the large muscles**
- **Pain in the groin and armpits**
- **Nausea, vomiting and severe sweating**
- **Breathing difficulty**

▶ WHAT TO LOOK FOR

- **Oval white or red marks on the skin**
- **Tentacles sticking to the skin**

▶ WHAT TO DO

1 Restrain the victim from rubbing the stung area as this will add to the pain. If she has been stung by any jellyfish in the tropical waters of Northern Australia or South-East Asia only, pour vinegar over the stung area for up to 30 seconds to kill the remaining stinging cells.

It is vital to stay calm and to send someone to call for an ambulance without delay.

2 Then use the **pressure immobilisation bandaging technique** as shown here: apply a wide crepe ***roller bandage (see page 202)*** firmly over the sting site. If you have not used vinegar, do not apply the bandage, to avoid squeezing more venom into the victim.

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3 Apply a second wide, crepe bandage to the affected limb, working upwards from the toes towards the knee. Apply firm, even pressure over the soft tissues of the limb. Use as many bandages as necessary to cover the area.

4 Ensure total immobilisation by splinting the legs together. Improvise a splint to keep the leg still with a tightly rolled blanket or clothing placed between the victim's legs to restrict muscle movement.

5 Tie the victim's legs together with bandages or improvise by using whatever clothing is to hand. Keep the limb as still as possible during the process. Continue reassuring the victim and explain what is being done and why.

6 Keep the victim lying down to decrease the rate at which venom enters the circulation. If conditions are cool, cover the victim with clothing or a blanket. Improvise shade if the victim is in the sun.

Watch for signs of loss of consciousness. If it becomes necessary, begin ***cardiopulmonary resuscitation (CPR, pages 17–18)*** *promptly.*

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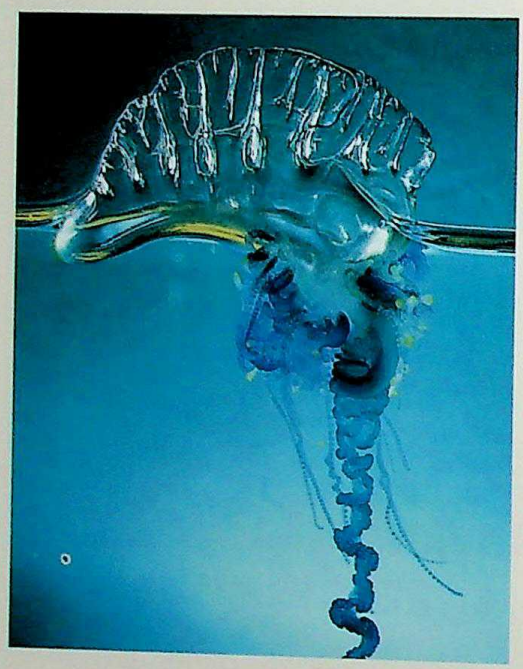
CREATURES THAT STING

The attractions of the countryside and ocean are tempered by the existence of a number of small and not-so-small stinging creatures. None of these are attacking creatures; in most cases if left undisturbed they cause no harm. The simplest way to avoid being stung is to be observant, keep alert and observe the old walkers' and beachgoers' maxim of 'look but don't touch'.



BLUEBOTTLE

The jellyfish-like bluebottle or Portuguese man-o-war – a worldwide ocean drifter – is actually a colony of organisms. Feeding polyps form a long dangling tentacle equipped with stinging capsules. On contact with skin, the venom immediately causes sharp pain, and may raise red weals with blisters followed by vomiting, diarrhoea, dizziness and respiratory difficulties.

BOX JELLYFISH

Contact with the box jellyfish – also known as the chironex, marine stinger or sea wasp – results in severe pain and the sting can be fatal.

BLUE-RINGED OCTOPUS

The most dangerous octopus in the world is a tiny creature commonly found almost anywhere on Asian and Australian coasts. Normally dull-coloured, the creature produces vivid peacock-blue rings when it is disturbed. Its venomous saliva contains tetrodotoxin, which in humans produces a tingling sensation around the mouth, face and neck, numbness, stiffness, poor coordination, slurred speech, nausea and vomiting.

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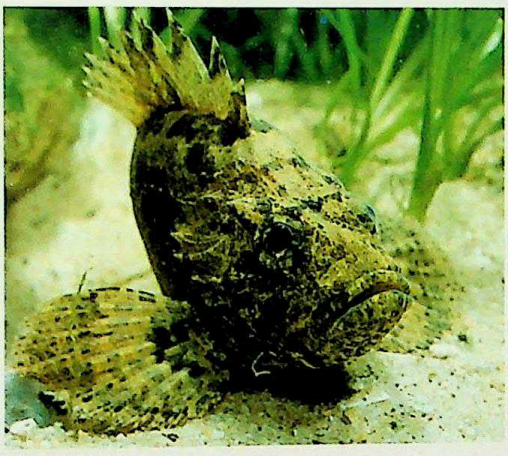
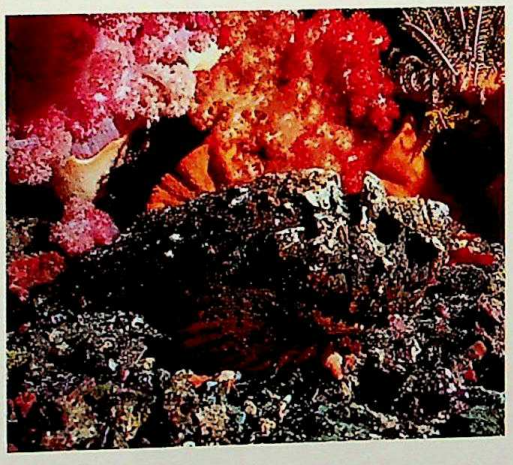
CONE SHELL

Cone shellfish are widely distributed around tropical and subtropical coastlines. They eject venomous darts from a retractable snout that can double the creature's length. In humans, the poison produces numbness around the mouth and neck, slurred speech and double vision.



BULLROUT

The well-camouflaged bullrout occupies rivers and muddy estuaries. Punctures from the venom sacs along its fin spines and other body parts are extremely painful; aching in the wound area, nausea, weakness, headache and numbness follow.



STONEFISH

Stonefish bear venomous spines which provide a hazard for swimmers and reefwalkers in subtropical and tropical regions. If punctured by the spines, human tissue swells rapidly with agonising pain, accompanied by delirium, temporary paralysis, shock and long-term ulceration of the wound. Antivenom is available.

EUROPEAN WASP

European wasps occur in most temperate-climate regions, nesting in sheltered positions including buildings. European wasps defend their nests tenaciously, stinging perceived intruders repeatedly. For most people a sting is painful; an unlucky few suffer severe allergic reactions.

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STROKE

A stroke occurs when a blood vessel in the brain bursts or is blocked by a blood clot. A part of the brain is then starved of oxygen, resulting in paralysis down one side of the body, loss of the ability to speak or, in some cases, only a severe headache. A minor stroke may last for only a few minutes, with the victim making a full recovery.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Weakness or numbness down one side of the body**
- **Severe headache**
- **Blurred or double vision**
- **Ringing sensation in the ears**
- **Nausea or dizziness**

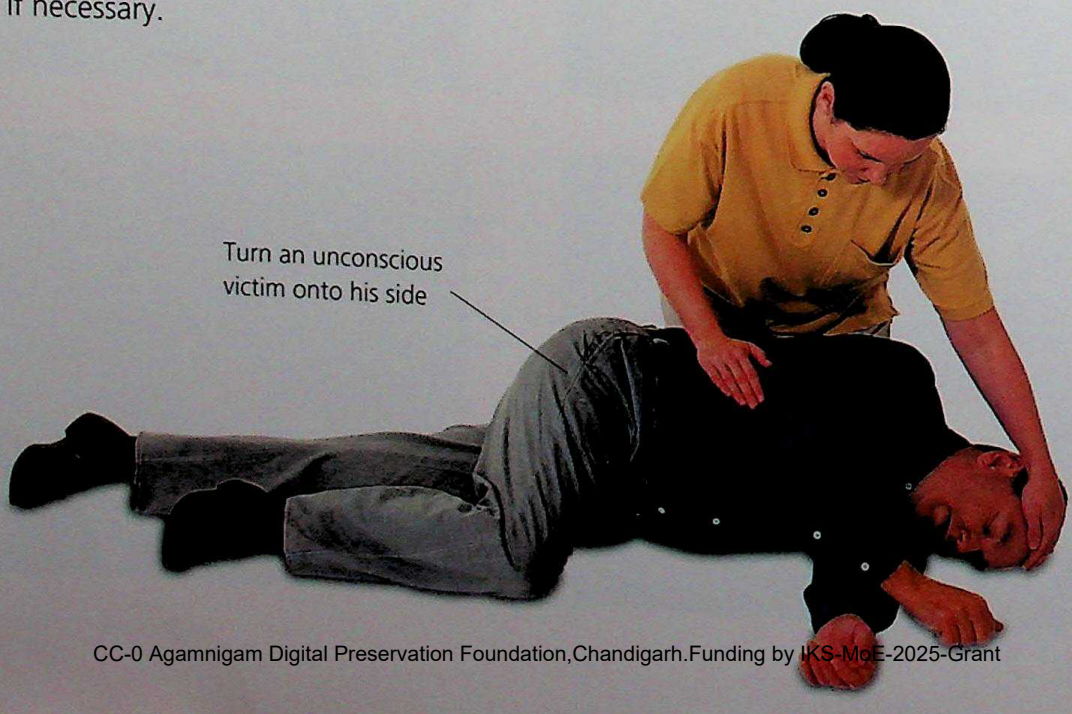
▶ WHAT TO LOOK FOR

- **Loss of muscle tone in the face muscles**
- **An inability to speak coherently**
- **Saliva dribbling from the mouth**
- **Unequal pupil sizes**
- **Loss of bladder or bowel control**
- **Unconsciousness**

▶ WHAT TO DO

1 If the victim is unconscious, turn him onto his side and clear and open his **airway (see page 13)**. Be ready to give **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary.

✚ *Call for an ambulance as soon as possible because the victim will need treatment within two hours to avoid permanent disability.*



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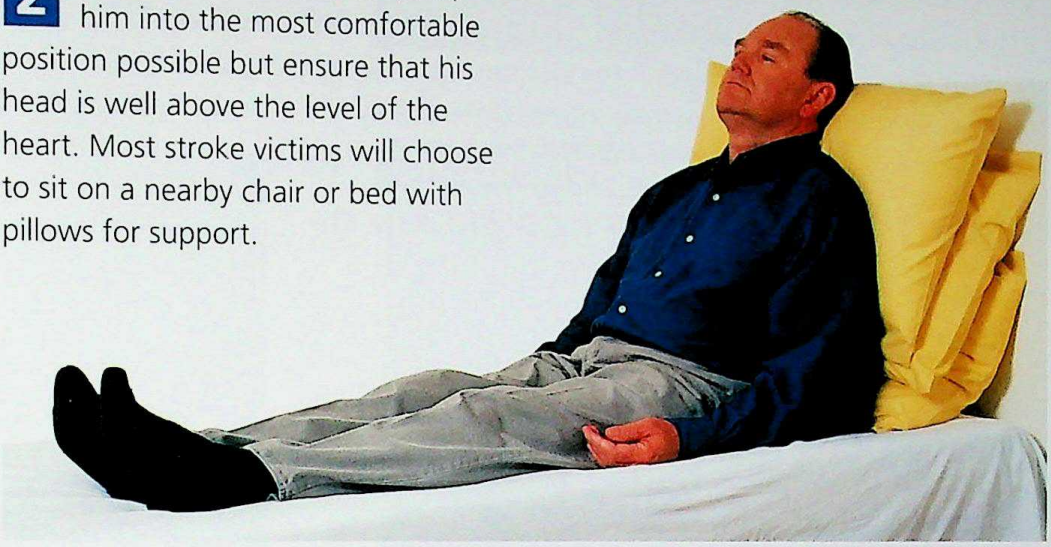
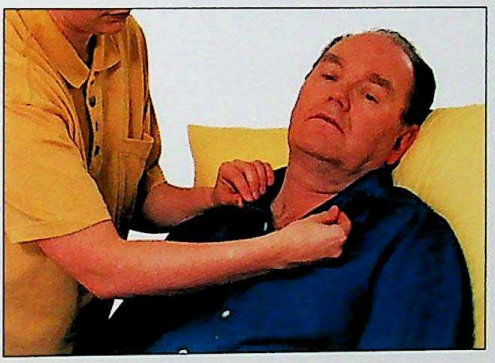
2 If the victim is conscious, help him into the most comfortable position possible but ensure that his head is well above the level of the heart. Most stroke victims will choose to sit on a nearby chair or bed with pillows for support.



3 Loosen any tight clothing at neck and waist. If the victim is dribbling saliva because of difficulty in swallowing, keep his head tilted towards the weaker side to help with drainage. Mop any saliva from his face with clean tissues.



4 If the victim is unable to talk or is difficult to understand, reassure him that although medical care is needed, the problems may not be permanent. If the victim is very frustrated by the inability to speak, squeeze his hand on the unaffected side by way of giving comfort and reassurance. Avoid asking questions which require an answer and discourage him from trying to talk.

5 If the victim is unable to speak, remember that he is still fully conscious and able to hear all that is said. Do not give any food or drink because the victim may be unable to swallow without choking.

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SUNBURN

Direct exposure to the sun in the middle of the day can cause sunburn after only 20 minutes. Although sunscreen will protect the skin for a short time, it should be reapplied after swimming. Young children in particular may receive serious and painful burns unless they are closely supervised.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Heat in the burned area**
- **Tightness of the skin**

▶ WHAT TO LOOK FOR

- **Red and possibly blistered skin**
- **Skin tender to the touch**

▶ WHAT TO DO

1 Help the victim into a cool or shaded place where he can rest without leaning on the sunburned area. If unable to rest comfortably, the victim should change into loose-fitting clothes to avoid rubbing the tender skin. Encourage him to take frequent cool drinks, especially water-based cordials. If he is feeling nauseated, advise sips of fluids only.

⊕ *If the victim is under 5 years of age, or is elderly, seek prompt medical advice if signs of general heat illness appear, especially headache, raised temperature or restlessness.*

2 Apply either calamine lotion or an anaesthetic-based cream to the painful areas. Lotions are less painful to apply and many are in the form of a pump pack which avoids direct finger contact with the painful area. If in doubt, seek the advice of a pharmacist.

A cool drink will help to rehydrate the victim

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188 Thigh injury

189 Tooth injury

190–192 Unconsciousness

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THIGH INJURY

The most common injury of the upper leg is a 'corked' thigh, so called because, when touched, the tissues feel hard or cork-like. This extremely painful injury occurs frequently in contact sports and is the result of bleeding into the large thigh muscle (quadriceps).

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Pain
- Loss of power and function in the affected leg
- Swelling
- Nausea

▶ WHAT TO LOOK FOR

- Swelling
- Pale, cold and clammy skin
- A hard or cork-like feeling in the affected thigh
- Bluish skin discolouration

▶ WHAT TO DO

1 Help the victim to a resting position, preferably lying down. If the injury occurred during a game, arrange for the victim to be carried off the sports field, preferably on a stretcher. Raise and support the injured leg on blankets or pillows, from hip joint to heel.

2 Apply bulky padding to the thigh and bandage it in place firmly with a wide crepe ***roller bandage (see page 202)*** to compress the soft tissues. Apply an ***ice pack (see page 218)*** over the bandage for ten minutes. Re-apply the ice pack for ten minutes after every 20-minute break. Do not release the bandage – unless it is too tight – because it maintains compression to stop further bleeding into the tissues.

If the victim is unable to stand, call for an ambulance as soon as possible.

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TOOTH INJURY

If an adult tooth is chipped or fractured, prompt dental care can often restore or save it. If a tooth is knocked out of the gum, it may be possible to reimplant it successfully. **Do not wash the tooth or try to wipe it clean as this can destroy the membrane around its base.**

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Bleeding inside the mouth**

▶ WHAT TO LOOK FOR

- **Missing or broken tooth**
- **Bleeding tooth socket**
- **Irregularity of other teeth**

▶ WHAT TO DO

1 Help the victim to sit or lie down comfortably with the head tilted towards the injured side. If a tooth has been knocked out, find it and ask the victim to suck it clean. Alternatively, rinse it in milk before trying to replace it in the socket. Wrap a small piece of kitchen foil over the replaced tooth and the teeth on both sides, to splint it in place.

Ask the victim to bite on a tissue held over the improvised foil splint, to keep it in place

2 If the tooth cannot be replaced because of pain or extensive injury, place it in milk to keep it alive until dental care is available. If there is any bleeding, make a firm pad from a rolled tissue or sterile dressing and place it over the socket. Ask the victim to bite firmly on the pad for at least ten minutes to allow a clot to form.

Contact a dentist and arrange for an urgent appointment.

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UNCONSCIOUSNESS

Unconsciousness may be the result of an illness or injury that affects brain function. As well, a number of substances, including drugs, alcohol, venomous bites and stings and carbon monoxide gas can cause unconsciousness. A collapsed person who does not respond to a spoken command or gentle shake of the shoulder is unconscious.

▶ WHAT TO LOOK FOR

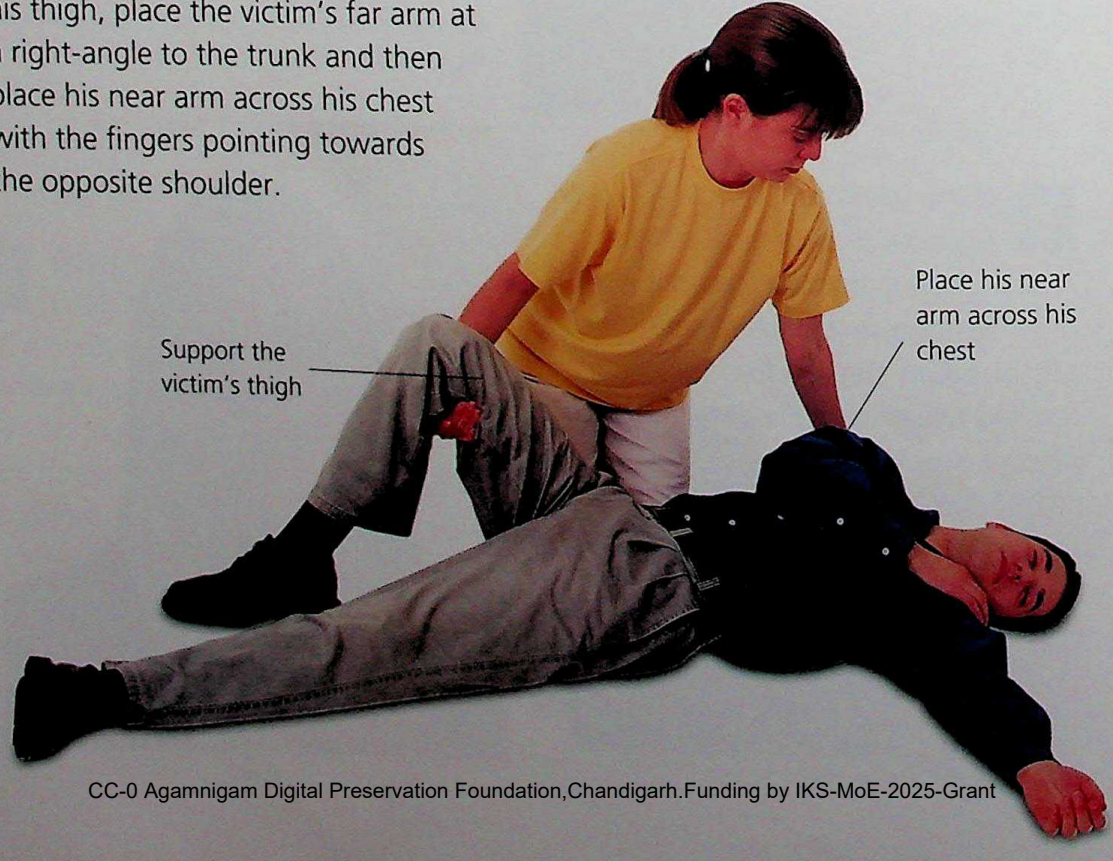
- **Collapse with no awareness of surroundings**
- **No response to a spoken command or gentle shake of the shoulder**
- **Evidence relating to the cause of the collapse – for example, a fallen rock near the victim's head, or head injuries**

▶ WHAT TO DO

1 Check the victim's response to simple instructions such as, 'Squeeze my hand. Now let it go.' If the victim fails to respond, turn him onto his side immediately because he is unconscious and his **airway** is at risk **(see page 13)**.

Shout for help and send someone to call for an ambulance.

2 Kneeling beside the victim, lift his nearest thigh so that it is at a right-angle at the hip. Still supporting his thigh, place the victim's far arm at a right-angle to the trunk and then place his near arm across his chest with the fingers pointing towards the opposite shoulder.



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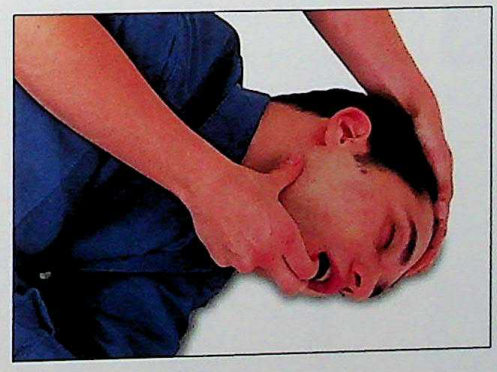
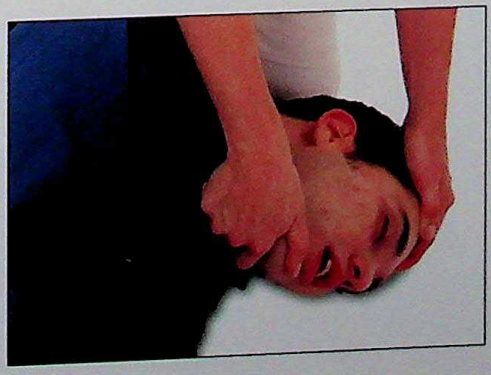
3 Lift firmly under the victim's raised thigh and near shoulder to roll him away from you and onto his side. Use your knees for extra leverage if necessary. Keep the thigh at a right-angle throughout the turn and use it as a prop to prevent him from rolling into a face-down position. Allow the upper arm to lie across the lower arm near the elbow joint.

4 Clear the victim's mouth of any food or fluids to keep the upper airway clear. Use two fingers to sweep around the mouth but DO NOT try to probe down the back of the throat. If dentures are found, leave them in place unless they are broken.



5 Gently tilt back the head and bring the chin forward by supporting the jaw. Ensure that the face is pointing slightly downwards to aid the drainage of any fluids from the mouth.



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6 With the airway cleared and open, next check whether the victim is breathing: look and feel for movement of the lower ribs and listen for the sound of breathing. If the victim is not breathing, roll him onto his back and begin **cardiopulmonary resuscitation (CPR, pages 17–18)**.

7 Stay with the victim and check for any major injuries. If there is serious bleeding, control it promptly with firm pressure over a sterile or clean pad. Loosen any tight clothing at neck and waist and observe the victim closely for any change in condition while waiting for the ambulance to arrive.

8 Cover the victim with a blanket or clothing if the weather is cold; cover lightly in hot conditions. Check his breathing frequently and be prepared to begin **CPR** if necessary.

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194 Vomiting

195 Winding

196–197 Wounds

198 Wounds Foreign object

199 Wounds Grazes

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VOMITING

Vomiting can result from an infection of the digestive tract (gastro-enteritis), severe pain or shock, migraine headache, early pregnancy or travel sickness. Seek medical advice if it lasts for more than four hours.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- Nausea
- Headache
- Dizziness

▶ WHAT TO LOOK FOR

- Pale, cold and clammy skin
- Perspiration on the forehead
- Dry skin (if vomiting has occurred)

▶ WHAT TO DO

1 Help the victim to rest, preferably in bed. Give him small pieces of ice to suck and small sips of clear fluids such as cordials and carbonated drinks. Avoid giving solid food or dairy products until vomiting has ceased for at least four hours.

Give the victim sips of clear fluids or small pieces of ice to suck

2 All cups, glasses, plates and cutlery should be washed thoroughly in hot, soapy water to reduce the risk of cross-infection to other family members.

If vomiting has continued for more than four hours or the victim's skin is dry to touch, and especially if the victim is a child or elderly person, seek medical advice promptly.

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WINDING

A blow to the upper part of the abdomen can temporarily affect the solar plexus (a cluster of nerve fibres at the back of the abdominal cavity). Although painful and frightening, the effects of winding pass off quickly. The victim may feel bruised for a few days.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Breathing difficulty**
- **Nausea**
- **Abdominal pain**

▶ WHAT TO LOOK FOR

- **Inability to speak**
- **Obvious distress from abdominal pain**
- **Nausea or vomiting**

▶ WHAT TO DO

1 As soon as the victim can move, help her into the most comfortable position possible – often sitting down leaning on a table. Keep reassuring her that the spasm will pass and breathing will become easier. **DO NOT attempt to rub or massage the abdomen or 'pump' the legs.**

2 Do not give the victim any food or drink until fully recovered or until she has been assessed by a doctor in case of internal injuries.

⊕ *Advise the victim to seek medical advice to make sure that no lasting internal injury has occurred.*

3 If the victim becomes unconscious, gently turn her onto her side and clear and open her **airway (see page 13)**. Give **cardiopulmonary resuscitation (CPR, pages 17–18)** if necessary.

⊕ *Call for an ambulance as soon as possible and stay with the victim until it arrives.*

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WOUNDS

When a person receives a small cut, instinct usually takes over and, without thinking, the victim will apply firm pressure over the wound to stop the bleeding and ease the pain. Raising the injured part as high as possible further eases the pain by reducing pressure in the cut blood vessels. If the wound is severe or deep, the first aid needed is exactly the same. Whenever possible, a pad or fabric barrier should be placed over the wound to avoid contact with another person's blood, but if bleeding is severe, no time should be lost in applying pressure.

▶ WHAT TO DO

1 Apply direct pressure over the wound, using a sterile or clean bulky dressing. If you do not have one, a bulky pad can be made from tissues. If the victim can apply pressure to her own wound, this is best because she will know how much pressure to apply.

Raise the injured part above the level of the heart to reduce blood flow to the wound

2 Help the victim to rest: lying down is preferable. If she is feeling faint and giddy, raise her legs a little if this can be done quickly and easily.

Use a pillow or folded blanket to raise the legs

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3 Fix the dressing firmly in position with a bandage or folded ***triangular bandage (see page 203)***. If you do not have a bandage readily available, improvise with pantyhose or a long sock.

4 Check the colour of the fingertips to make sure that the bandage is not too tight. If the skin on the injured side looks blue, white or mottled, the bandage should be loosened. When the dressing is in place check that the bleeding is controlled. If blood is showing through the dressing and bandage, remove and replace them promptly.

5 Do not add more dressings over the first pad because this will further reduce the pressure on the wound. For lower arm or hand injuries, apply an ***elevation sling (see page 213)*** for support and pain relief.

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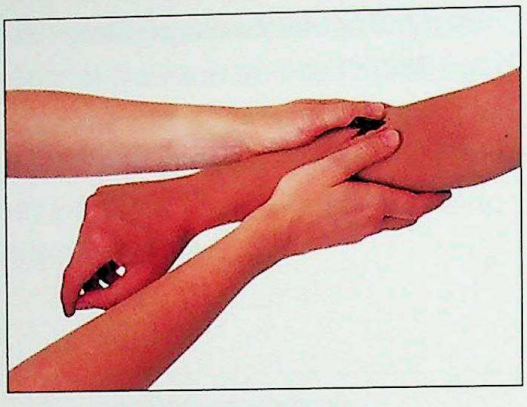
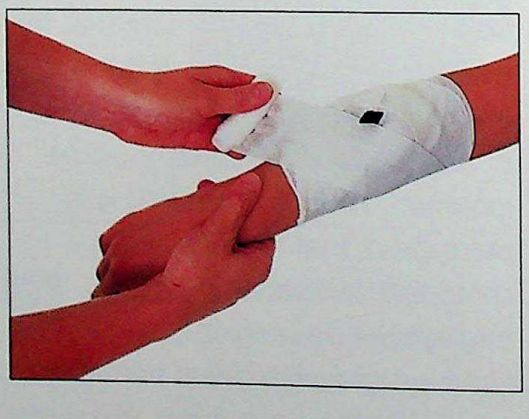
▶ WHAT TO DO

1 If there is a foreign object such as a glass or metal fragment or a large splinter embedded in the wound, use pressure around the object to stop any bleeding.



2 Build up padding either around, or on either side of, the wound. **DO NOT try to remove the foreign object because it may be helping to control the bleeding.**

3 Keep the padding in place with a ***roller*** or ***triangular bandage*** in a figure-of-eight (criss-cross) formation ***(see pages 202 and 203)***.



■ If the injury is on the leg, raise the limb gently and support it on pillows or blankets. If the injury is on the lower arm or hand, apply an ***elevation sling (see page 213)***.

⊕ *Seek medical advice as soon as possible because the object will need to be removed carefully to avoid further tissue damage. With metal or wood fragments there is an additional risk of infection which will need medical assessment and care.*

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When the skin is grazed, the outer protective layer is damaged, leaving nerve endings and raw tissues exposed to the air. Often a graze can be extremely painful. Depending on the injury, there may be dirt and gravel embedded in the tissues.

▶ WHAT THE VICTIM MAY COMPLAIN OF

- **Pain**
- **Stiffness and restricted function of the injured area**

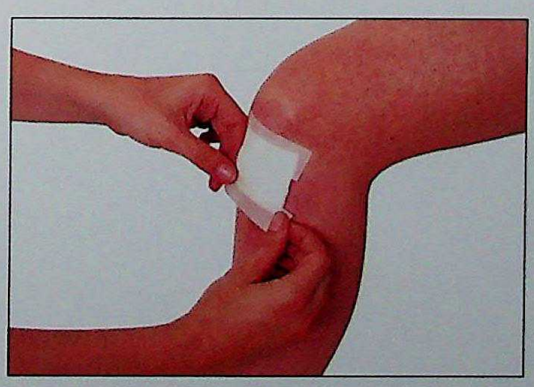
▶ WHAT TO DO

1 If there are no serious injuries or steady bleeding, gently clean the graze with soap and warm water. Sometimes the victim will prefer to clean the wound. If the graze is on the hand or foot, it may be soaked in a bowl of warm water to soothe and soften the tissues before trying to remove any dirt.

2 When the wound is clean, blot it dry with tissues or a sterile gauze square. If the wound continues to weep, apply firm pressure over a pad for several minutes.

If embedded dirt and gravel are too painful to remove, seek medical advice to avoid scarring.

3 Apply an adhesive dressing which fully covers the wound. If the area is large, a sterile, non-stick dressing may be best, held in place by adhesive tape.



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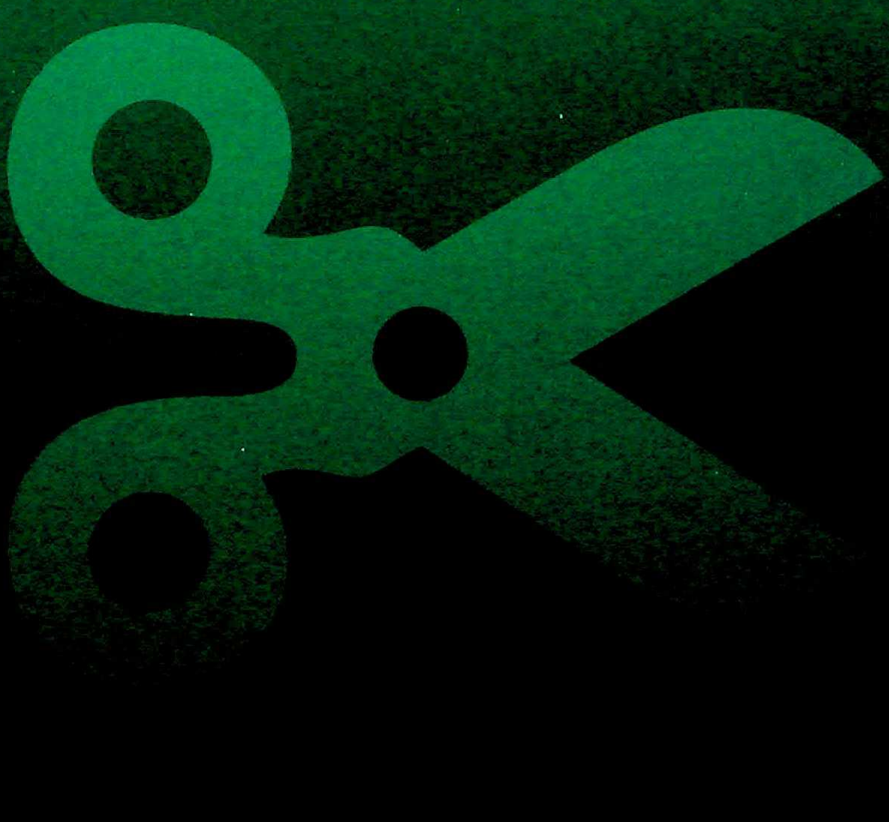
PRACTICAL SKILLS

All you need to know about using a first-aid kit efficiently:

- Bandaging
- Dressing a wound
- Taking a pulse and a temperature
- Making a sick or injured person comfortable
- What to do at an accident scene



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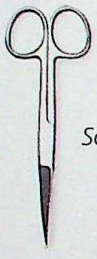
FIRST-AID KITS

Every home should have a first-aid kit and all family members should know where it is kept. To ensure that the kit contains the proper items, buy one that carries the national standards authority endorsement. The most important items are sterile dressings for wounds, assorted bandages, and adhesive tape to hold dressings in place. Whenever the kit is used, make a note to replace used items to make it ready for the next emergency. See pages 204–205 for a detailed description of the kit's contents.

STANDARD CONTENTS

- 9 sterile cotton gauze swabs, 75 mm x 75 mm
- 1 pocket pack of 10 tissues
- 24 assorted adhesive strip dressings
- 1 roll adhesive tape, 25 mm wide
- 2 sterile non-adhesive dry dressings, 100 mm x 100 mm
- 3 sterile wound dressings and bandages (BPC 13, 14 and 15)
- 3 roller (stretch-cotton) bandages, 50, 75 and 100 mm wide
- 2 triangular calico bandages, BP quality
- 5 safety pins
- 1 pair rust-resistant scissors
- 1 pair rust-resistant forceps
- 1 pencil and notepad
- 3 individual plastic bags
- 1 sterile combine dressing, 9 mm x 20 mm
- 1 aluminium foil blanket
- 1 pair latex gloves
- 1 first-aid booklet

Keep a kit close at hand for instant use in a crisis.



Scissors

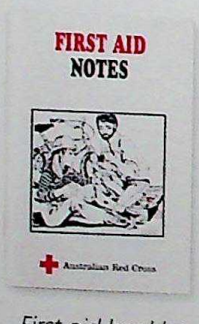
Tissues

Adhesive tape

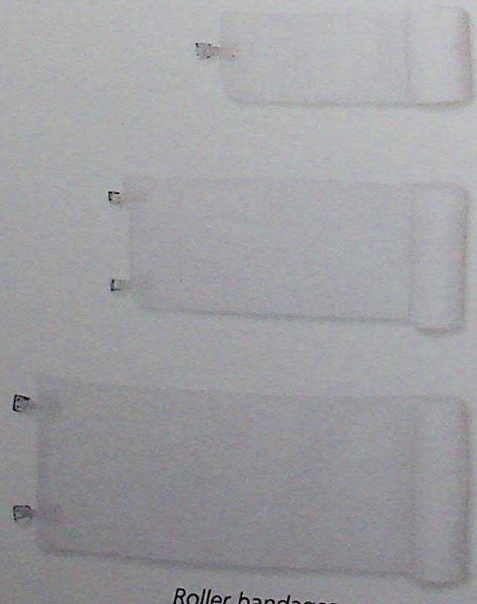
Forceps

Safety pins

Pencil and notepad



First-aid booklet



Roller bandages

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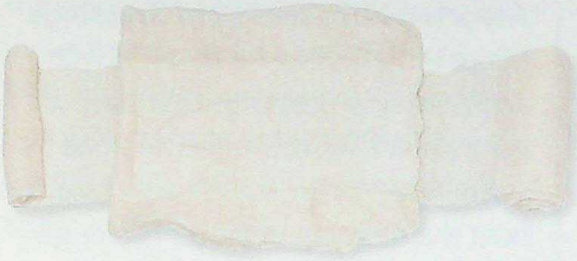
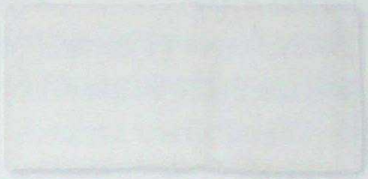
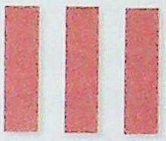




Sterile combine dressing

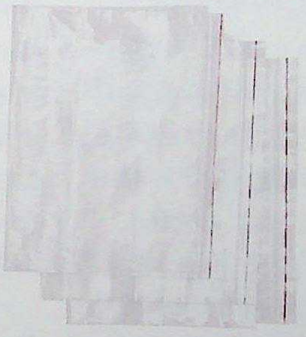
Cotton gauze swabs



Adhesive dressings

Sterile wound dressings and bandages

Sterile non-adherent dry dressings



Plastic bags

Latex gloves

Aluminium foil blanket

Triangular bandages

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Dressings

Sterile dressings come in various sizes and are made with either absorbent or non-adherent surfaces. Each is wrapped to maintain sterility and should not be opened until the wound is ready to be covered.

Sterile BPC wound dressing and bandage

The BPC (British Pharmacopoeia standards) dressing comes in three sizes: small (BPC 13), medium (BPC 14) and large (BPC 15). Each dressing is attached to a light, open-weave cotton bandage. The dressing is bulky because it is for use on major wounds or to control bleeding.

Sterile combine dressing

A firm, sterile dressing that can be used to control bleeding or to pad injured parts. The name indicates that this dressing is a combination of cotton wool or cellulose wrapped in a gauze outer layer. It can be used either as a single dressing, or folded over into a more bulky pad.

Sterile non-adherent dressing

Non-adherent dressings are used on surface injuries, such as a burn or a weeping graze, where a fully absorbent dressing will stick. The dressing may be very thin and light, or have a combine dressing base with a non-adherent surface on one side. Often, the non-stick surface is a layer of plastic film with numerous fine perforations to allow fluids to pass from the wound to an absorbent dressing at the back. Other synthetic surfaces may be used for non-adherent dressings; they usually have a shiny finish to indicate the side to be placed in contact with the wound.

Assorted adhesive strip dressings

Minor wounds can be covered with adhesive strip dressings that have a central non-adherent dressing pad surrounded by an adhesive surface to hold the dressing in place. Although the most common form is a strip dressing, there are also circular, square and even fingertip-shaped varieties available. It is important to change these dressings daily because the adhesive softens the skin and can delay healing.

Adhesive tape

There are many types and widths of adhesive tape, and most are hypoallergenic to avoid a skin reaction. The most satisfactory width is 25 mm: it can be used easily on arms, fingers, knees and the trunk. Use two or three widths if a wide strip is needed to secure a dressing. Some adhesive tape resembles paper and tears easily, so it is important to secure the tape to itself in addition to the skin. It sticks to itself well, but may lift off the skin in humid or hot conditions.

Bandages

First-aid bandages need to be flexible without the risk of being applied too tightly. They usually contain a mixture of cotton and synthetic materials, plus elastic fibres where firm compression and support are required.

A bandage to keep a light dressing on a wound should be made of a crepe-like weave to avoid compression of the tissues. A strain or sprain requires a firm, supporting bandage with a high percentage of elastic fibres. Once applied, the circulation below the bandage requires frequent checks to make sure the bandage is not too tight.

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A triangular bandage can be used to make a sling, to tie a splint onto a limb, or to maintain pressure over a bulky dressing to control bleeding. A sling is made from a 1 m square of fabric cut diagonally.

Wound-cleaning materials

Most first-aid kits contain wound-cleaning materials to mop up body fluids and clean wounds.

Sterile cotton gauze swabs

To avoid the risk of infection, each sterile gauze swab should be used only once, and then discarded for a fresh one.

Tissues

Where there is blood, vomit or other body fluids to be cleaned away, disposable tissues are ideal. If a wound is present, sterile gauze swabs should be used instead, due to the risk of infection from the non-sterile tissues.

Instruments

Scissors and forceps are the only two instruments needed in a basic kit.

First-aid scissors

These should have one sharp point and one rounded end so that they can either be used either to cut a bandage from a limb, or eased under a sleeve or clothing to cut an injury free of constricting material.

Splinter forceps (tweezers)

Forceps need to have ends that meet well to enable a good grip on the splinter. The ends should not be fine points because this will make it harder to grasp the splinter and may make removal very painful. Blunt or square ends are often easier to use.

Other items

A number of other useful items are recommended for a good first-aid kit.

Aluminium foil blanket

An aluminium foil blanket is used to maintain body heat in a sick or injured person. If a victim is lying on a hot or cold road surface, place the blanket gently under the body, taking care not to tear the foil as it is wrapped around the victim.

Plastic bags

A plastic bag can be used to hold discarded dressings, but always dispose of the bag safely to avoid risk to others – if in doubt about what to do, ask for advice at your local doctor's surgery. Bags are also useful for holding personal items which might get lost at the scene.

Safety pins

Assorted safety pins are required to secure bandages and clothing.

Latex gloves

Unless you know of an allergy to latex, you should wear latex gloves for all first-aid treatments except those where there is no time to find and put gloves on. After use, discard the gloves safely into a sealed container. Wash your hands thoroughly after the gloves have been removed in case of any leakage of body fluids.

Notebook and pencil

These are useful to jot down any observations of the victim, including the pulse rate at different times.

First-aid notes

A simple guide to lifesaving first aid is a required part of every first-aid kit.

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BANDAGING Roller bandages

Roller bandages are made of different materials to be used in different situations. They have four main uses: to apply pressure on a wound, to control bleeding, to support an injured part and to keep a dressing on a wound. Widths vary depending on which part of the body the bandage is being used: for fingers, 2.5 cm; for arms, hands or feet, 5–6 cm; for legs, 10 cm; and for the trunk, 10–15 cm.

WHEN APPLYING A ROLLER BANDAGE...

1. Face the victim, who should be sitting or lying down in a comfortable position.

2. Keep the end of the bandage next to the skin and the roll on top.

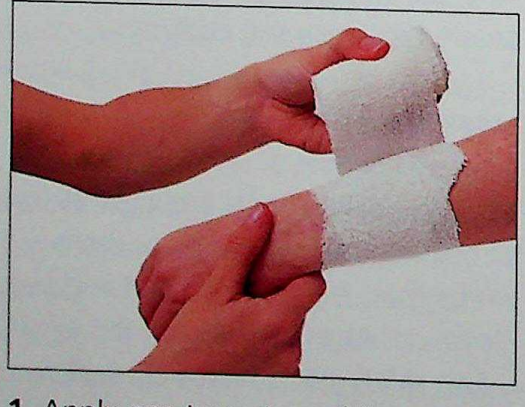
3. Unroll only a few centimetres of bandage at a time to maintain control.

4. Apply the bandage from the inner side of the body and work outwards.

5. Start the turns below the injury or wound and work upwards.

6. When bandaging, cover two-thirds of each previous turn to hold the bandage firmly in place.

Simple spiral bandages for limbs



1. Apply one turn at an oblique angle below the area to be covered.

2. Apply with a series of overlapping spiral turns around and up the limb.

3. Stop when the dressing or injury is covered and finish with a straight turn. Fix the end of the bandage with a safety pin or adhesive tape. Check that the colour of the extremities below the bandage is the same on both limbs. If the bandage is too tight, loosen it.

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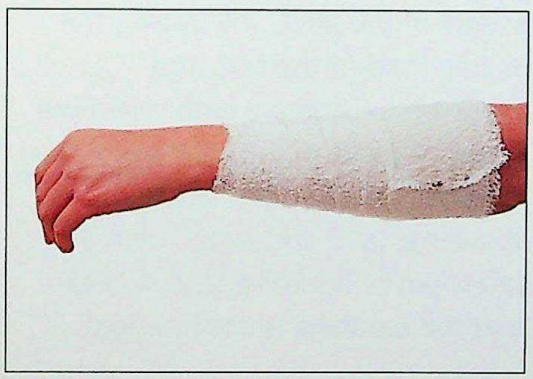
Figure-of-eight (criss-cross) bandages for limbs

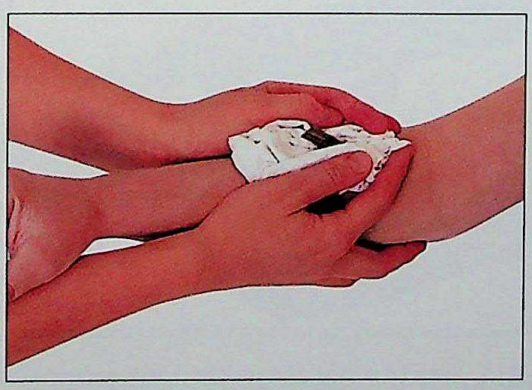
1. Apply one turn at an oblique angle below the area to be covered.

2. Cover the first turn with a series of figure-of-eight turns around the limb, with each turn crossing the previous turn at a right-angle.



3. Stop when the dressing or injury is covered and finish with a straight turn. Fix the end of the bandage with a safety pin or adhesive tape. Check that the colour of the extremities below the bandage is the same on both limbs. If the bandage is too tight, loosen it.

Figure-of-eight (criss-cross) bandages around a foreign object



1. Build up layers of dressings or padding around the foreign object until high enough to protect the object from any pressure.

2. Fix the padding with a figure-of-eight turn above and below the object to encircle the limb. Then continue the figure-of-eight turns, working away from the object, to cover two-thirds of each previous turn.

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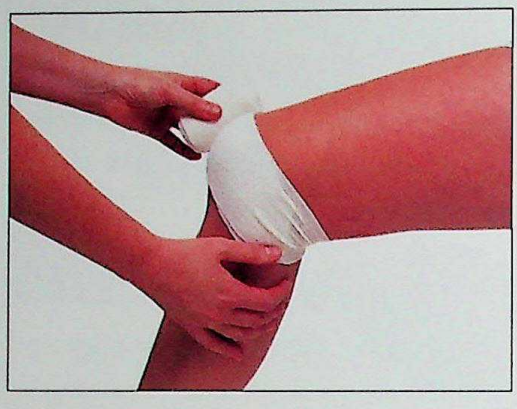
Bandaging knees, heels and elbows

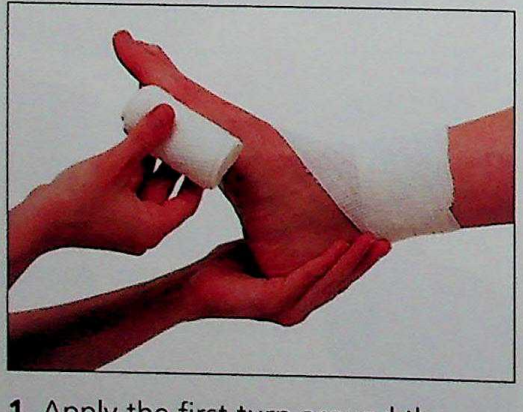


1. Apply the first full turn over the point of the knee, heel or elbow to fix any dressing in place.

2. Make the next turn just above the joint, leaving the middle third of the first turn uncovered.

3. Apply the next turn just below the middle of the joint, still leaving the middle third of the first turn uncovered. Continue with one more figure-of-eight turn above and below the joint. Finish with a straight turn above the joint and fasten with a safety pin or adhesive tape. Check that the bandage is not too tight.

Bandaging hands and feet



1. Apply the first turn around the wrist or ankle. Keep the palm or the sole facing downwards during bandaging. Take the next turn of the bandage obliquely across the hand or foot to the base of the little finger or little toe.

2. Carry the bandage straight around the palm of the hand or sole of the foot and use a series of figure-of-eight turns, leaving one-third of each previous turn uncovered. Finish with a straight turn around the wrist or ankle and secure the bandage with a safety pin or adhesive tape.

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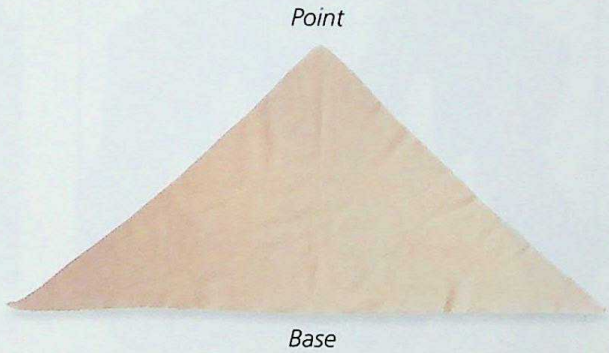
A triangular bandage is versatile and can be used in several ways. When it is used to support the hand and arm (see pages 211 and 213), it becomes a sling. The ends of the bandage are tied with a reef knot (see page 210). The illustrations below show how the basic triangle of fabric can be folded into a broad-fold bandage, a narrow-fold bandage or, with multiple folds, a firm pad.

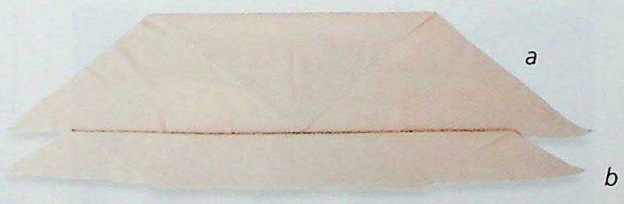
Open triangle

- supports an injured arm (as a sling)
- secures a dressing when a roller bandage is not available



Broad-fold bandage

- secures a splint in position
- holds a splinted limb securely



a) Fold point down to base
b) Fold in half once more

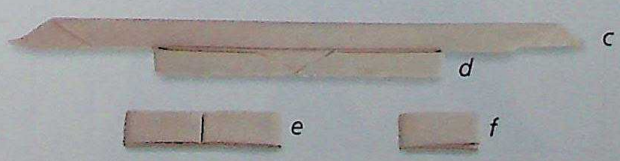
Narrow-fold bandage

- secures a dressing on a wound
- controls severe bleeding
- makes a collar and cuff sling

c) Fold the broad-fold bandage again to make a narrow-fold bandage

Firm pad

- applies pressure over a bleeding wound
- keeps skin surfaces apart when splinting a broken bone



d) Fold ends in from sides to meet in the middle
e) Fold ends into the middle again
f) Fold ends together to make a pad

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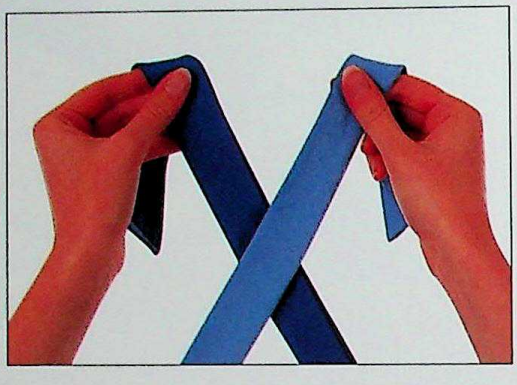
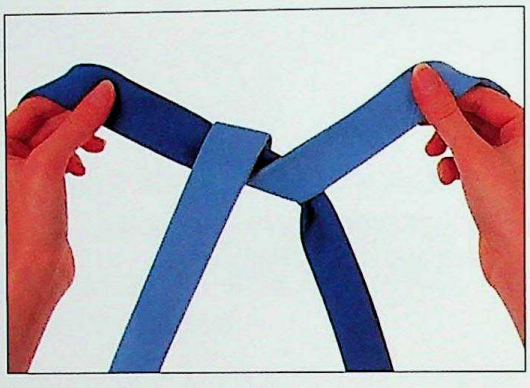
Commonly used bandages such as triangular bandages and slings for arm or hand injuries are always finished with a reef knot. This flat knot will not slip loose and is the most comfortable way of tying off for the victim.

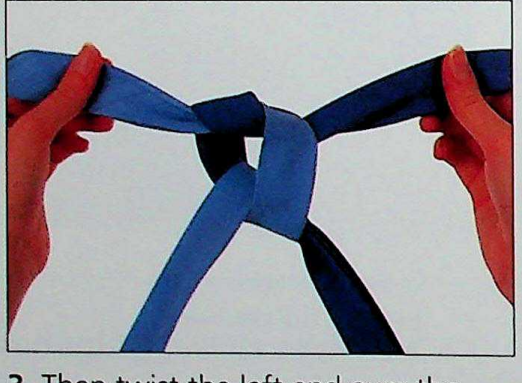
Tying a reef knot



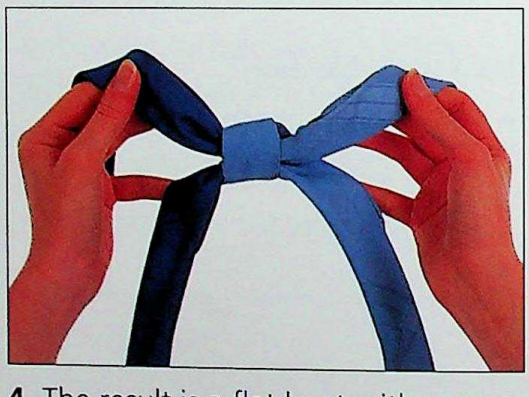
1. Hold one end of the bandage in each hand, right hand in front of left.



2. Twist the right end of the bandage over the left and tie it once.

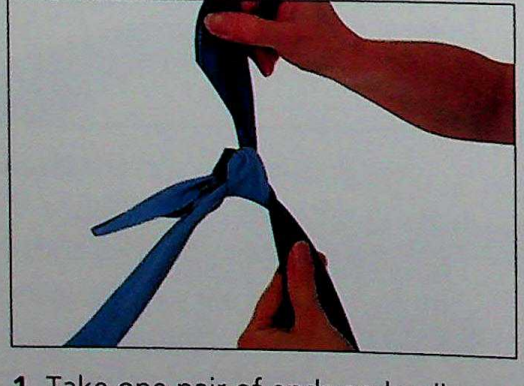


3. Then twist the left end over the right end and tie the ends once.

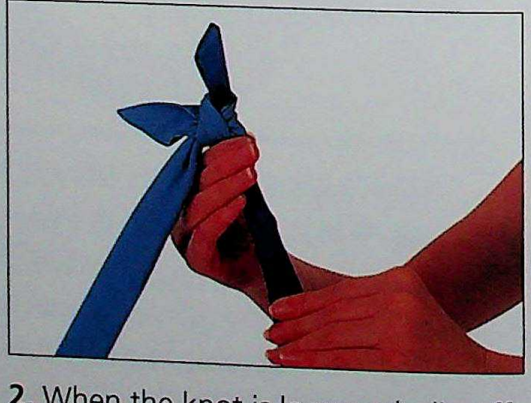


4. The result is a flat knot with a neat pair of ends at each side.

Untying a reef knot



1. Take one pair of ends and pull them apart sharply.



2. When the knot is loosened, slip off the loops of one bandage.

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BANDAGING Arm sling

An arm sling is designed to support the lower arm, hand and fingers across the chest. It is also used for various injuries including fractures and soft-tissue injuries in the upper arm and around the shoulder joint.

▶ WHAT TO DO

1. Ask the victim to sit down, supporting her injured arm. The hand and wrist should be slightly higher than the elbow. Hold the sling with the longest side (the 'base') down the uninjured side of the body with the 'point' tucked under the elbow on the injured side.

2. Take the top end around the neck to the injured side. Take the bottom end up over the forearm and tie it to the other end on the injured side. Use a reef knot (see opposite page) to tie the ends together, allowing the knot to sit in the hollow above the collarbone.

3. Bring the 'point' forward over the elbow and fasten it to the front of the sling with a safety pin (see below). Make sure the point faces downwards in case the pin becomes unfastened. Check that hand and wrist are still slightly higher than the elbow.

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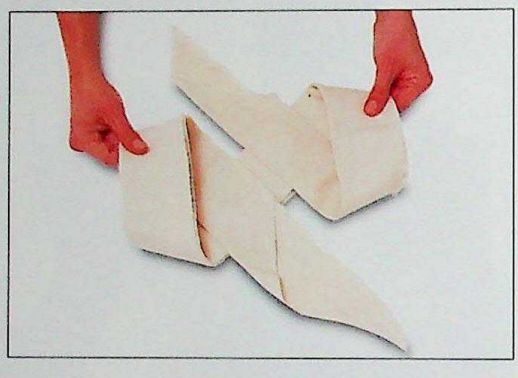
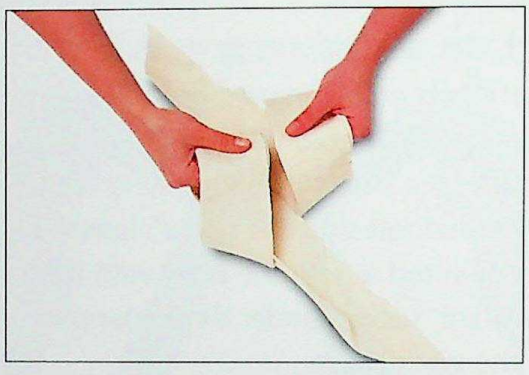
BANDAGING Collar & cuff sling

A collar and cuff sling is used to support an upper arm injury or collar-bone fracture or when the hand and fingers need to be raised. It is also used when an elevation sling would be too uncomfortable for the victim. Before the sling is put in place, make a clove hitch as shown below.



1. For a clove hitch, use a narrow-folded triangular bandage. First make two loops with one pointing upwards and one downwards.



2. Fold both loops into the middle to secure them and make a firm support for the arm.

▶ WHAT TO DO

1. Ask the victim to sit down, supporting his injured arm in a raised position, with the fingers pointing to the opposite shoulder. Slip the two loops gently over the hand and place them so that there is no pressure on an injured area.

2. Take both ends of the sling around the neck until they meet at one side. Use a reef knot (see page 210) to fix the bandage ends, placing a pad under the knot to avoid pressure. Check the colour of the fingers – if there is any sign of impaired circulation, remove the sling.

Allow the sling to take the full weight of the arm

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An elevation sling is used to keep the hand and fingers in a raised position and also to provide support for a chest injury or fractured collar-bone. It is ideal for broken fingers or for a painful hand injury.

▶ WHAT TO DO

1. Ask the victim to sit down, supporting her injured arm. The fingertips should be held close to the opposite shoulder. Hold the sling over the injured arm, with the longest side ('base') down the uninjured side of the body and the 'point' over the elbow on the injured side. Wrap the top end of the bandage around the upper hand.

2. Tuck the 'base' of the bandage under the injured arm, easing the loose fabric towards the elbow.Take the lower end up the back to meet the other end at the shoulder on the uninjured side. Secure the fingers inside the sling by twisting the end gently before tying a reef knot (see page 210) at the shoulder.

3. At the elbow, ease the loose fabric backwards and use a safety pin to secure the sling (see below). Insert the pin point-downwards for safety. Check the colour of the fingers. If there is any sign of impaired circulation, remove the sling.

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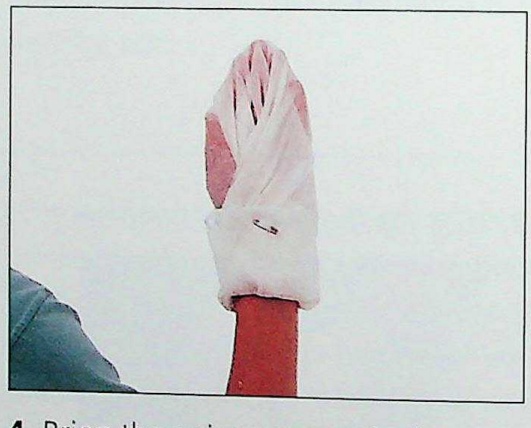
Hand

1. With the hand on an open triangular bandage – as above, but on a flat surface – bring the point over the injury.

2. Cross the ends around the wrist, covering the hand with the bandage. Make one full turn around the wrist.

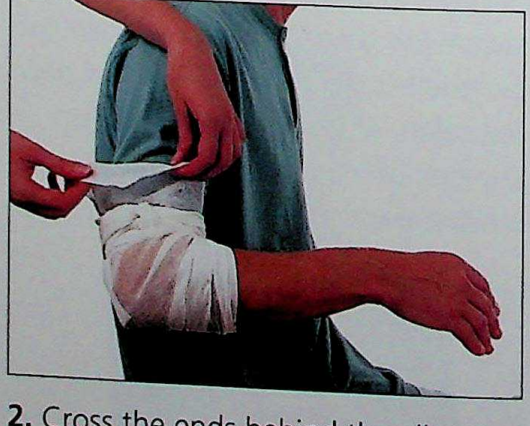
3. Tie the ends over the point, using a reef knot (see page 210). Tuck the bandage ends around the wrist.



4. Bring the point up over the knot and pin with a safety pin.

Elbow

1. Place the bandage over the elbow with the point upward and the base below the elbow on the outside of the lower arm.



2. Cross the ends behind the elbow; bring to the outside upper arm. Tie with a reef knot (see page 210). Bring the point down over the knot and pin.

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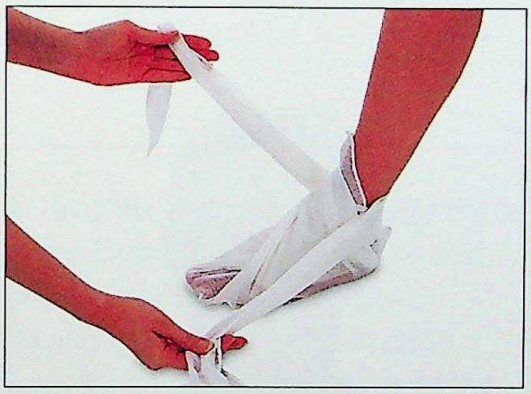
Foot

1. Place the foot on the open triangular bandage, with toes toward the point.

2. Bring the point over the foot, to cover the dressing.



3. Cross the ends around the ankle to secure the point.

4. Tie a reef knot (see page 210) in the front. Bring the point down over the knot and pin.

Knee

1. Cover the bent knee with the open triangular bandage, point upwards and the base under the knee. Cross the ends behind the knee and up around the thigh.

2. Tie above the knee in front, using a reef knot (see page 210). Bring the point down over the knot and fasten with a safety pin.

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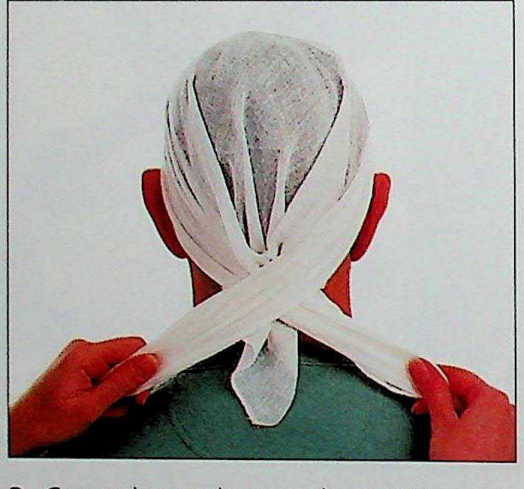
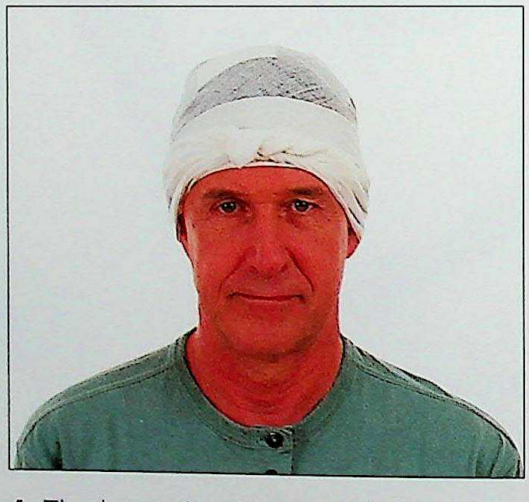
BANDAGING Head

1. Fold a narrow hem inwards along the base of the bandage to make a firm edge.

2. Place the hem around the forehead of the victim, with the point hanging down the back.



3. Carry the ends over the point, cross them, and return them to the front of the head.



4. Tie the ends with a reef knot (see page 210), being careful not to tie too tightly so as to avoid undue pressure.

5. Lift the point at the back of the head to cover the crossed ends and pin it on the top.

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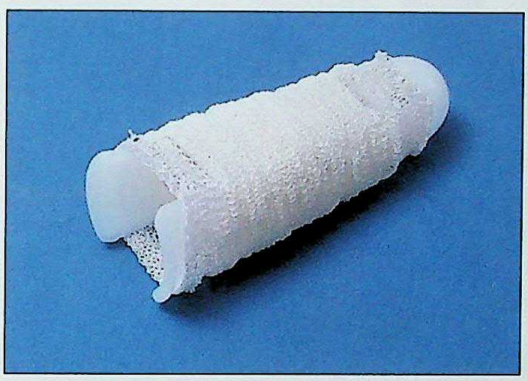
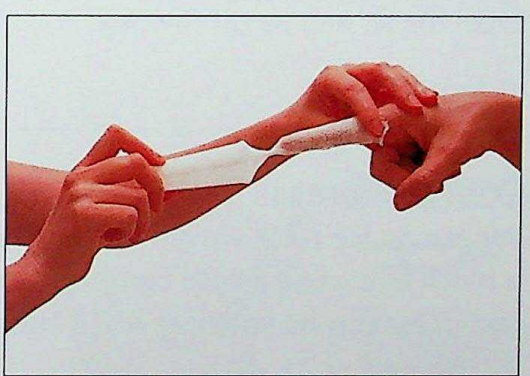
Tubular gauze bandages are easier to use than roller bandages when bandaging fingers and toes. They come with a plastic or metal applicator to fix the bandage in place. These tube-shaped bandages are made of seamless gauze, usually in a stretch material. If the victim's wound is wet or dirty, a second bandage layer can be used and later removed.

▶ WHAT TO DO

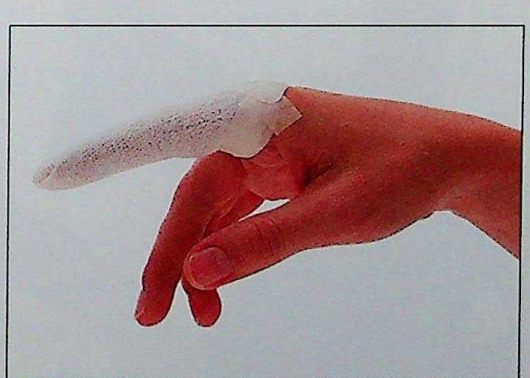
1. Cut the bandage to at least three times the length of the finger or toe to be covered, and push the whole cut length onto the applicator. Place the applicator gently over the finger or toe, keeping any dressing in place.



2. Hold the end of the bandage firmly at the base of the finger or toe and gently pull back the applicator, leaving half the bandage in place. Ease the applicator off the tip of the finger or toe and twist the bandage twice by rotating the applicator.



3. Push the applicator down the finger or toe again, twisting slightly the whole time as the remainder of the bandage is applied. Withdraw the empty applicator, leaving two layers of bandage over the finger or toe. Fix the bandage in place at the base of the finger or toe with adhesive tape.



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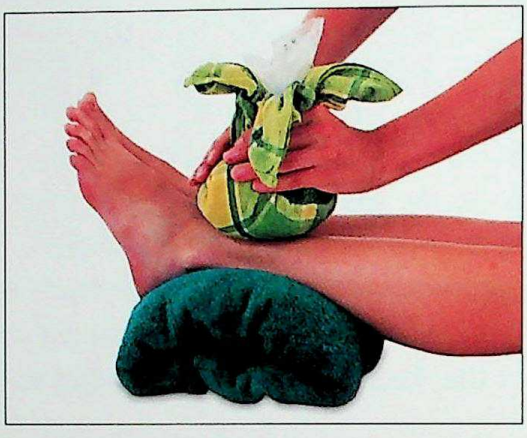
COLD APPLICATIONS

Ice pack

An ice pack is used to relieve pain and swelling. If crushed ice is not readily available, a packet of frozen vegetables is a good substitute. Do not apply a pack over an injury for more than ten minutes in every hour.

1. Fill a plastic or non-porous bag about two-thirds full of crushed ice. Add some ordinary salt to melt the ice – this increases its cooling action. Expel the air and tie off the bag.



2. Cover the bag with a damp cloth and apply it to the injured area for a maximum of ten minutes. If a supporting bandage is in place over an injury, apply an unwrapped ice pack over the bandage.

Cold compress

Where an ice pack would be too cold – for example, for an injury such as a black eye – use a cold compress to relieve pain and swelling. A second compress can be soaking while the first is used on the injured area.

1. Fill a bowl with cold water and add ice cubes. Soak a cloth in the bowl and, when ready, squeeze out the water to leave the compress damp.

2. Apply the cold compress to the injured area. Replace the compress when it is no longer cold; continue the procedure for ten minutes.

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DRESSING A WOUND

After a doctor has treated an injury, it may be necessary to apply a new sterile dressing for several days to protect the wound. It is vital to follow the correct procedure in order to avoid the risk of infection.

▶ WHAT TO DO

1. Tell the victim what you are going to do. Position her comfortably and make sure that you have good access to the area to be dressed.

2. Prepare the dressing materials: a sterile dressing, pair of forceps (tweezers), adhesive tape or a roller bandage and safety pin. Wash and dry your hands thoroughly. Put on a pair of disposable latex gloves. Have a waste container handy.

3. Apply the sterile dressing with the forceps. Ask the victim to hold the dressing in place if necessary. Remove your gloves and place them in the waste container. Apply the adhesive tape or roller bandage; use a safety pin to fix the bandage in place.

4. Record the appearance of the wound – whether it is red, healthy-looking, dry or moist. Always dispose of the gloves safely.

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TAKING THE PULSE Adult

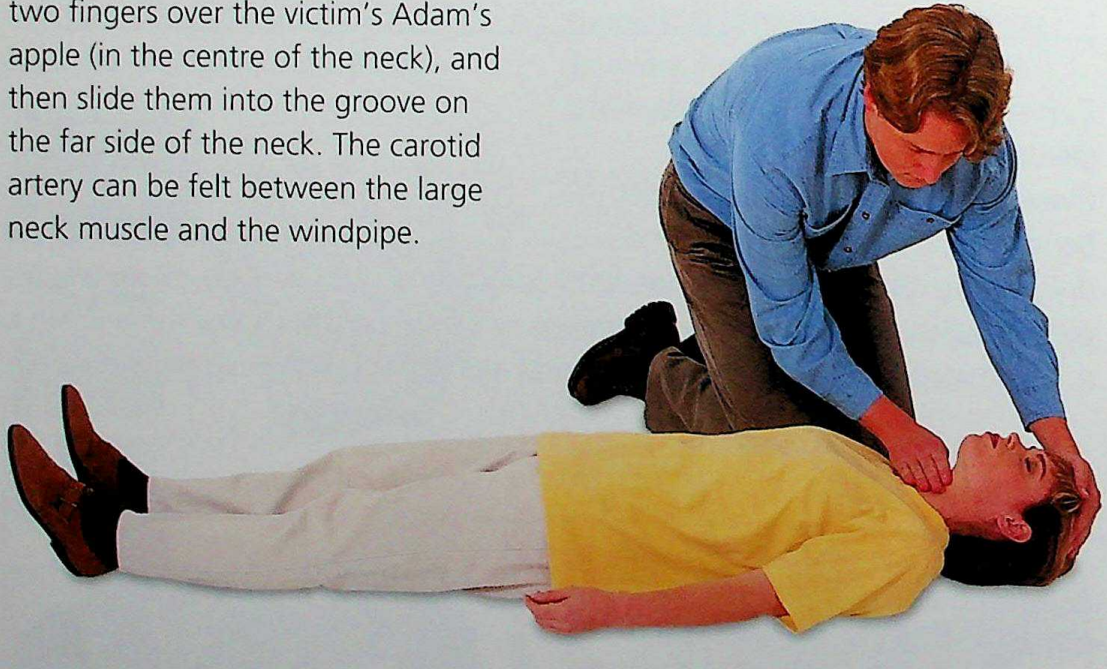
The pulse is the beat that occurs with each contraction of the heart. In an adult or child it can be felt most easily in two places – the carotid artery in the neck and the radial artery in the wrist, where the arteries pass near the surface of the skin. In a healthy adult, the pulse rate is from 60 to 80 beats per minute. A young child's pulse is faster than that of an adult, but slows with maturity. The rate varies when a person is injured or unwell.

Checking the carotid pulse

The carotid pulse is the only pulse used for assessment of the circulation of an unconscious person. With a conscious victim, it can be counted with the victim either sitting or standing but it is most accurate when he or she is lying down and the neck muscles are relaxed.

▶ WHAT TO DO

1. First, find the carotid artery: place two fingers over the victim's Adam's apple (in the centre of the neck), and then slide them into the groove on the far side of the neck. The carotid artery can be felt between the large neck muscle and the windpipe.



2. Count the pulse for 60 seconds and note its rate, rhythm and regularity. If the pulse is easy to count, it may be taken for 15 seconds and the total multiplied by four to give the number of beats per minute. If the victim is injured or suffering a sudden illness, keep checking the pulse every ten minutes and note any change in its rate or rhythm.

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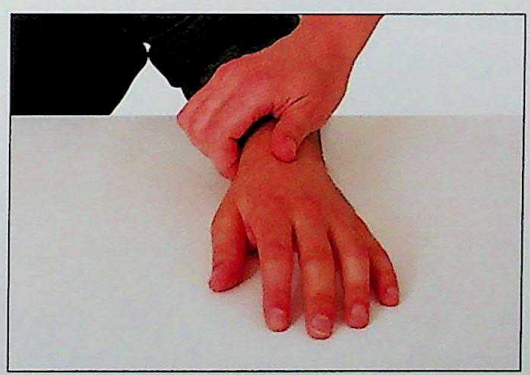
Checking the radial pulse

The radial pulse on the inside of the wrist is the usual place to count the pulse if the victim is conscious and breathing. It is easier to find if he or she is sitting or lying down at rest.

▶ WHAT TO DO

1. Ensure that the victim is comfortable and at total rest with the arm fully supported.

2. With the victim's palm facing downwards, place your hand across the wrist with your three middle fingers tucked under the wrist on the thumb side of the arm. The pulse should be felt easily with the pads of those fingers.



3. Count the pulse for 60 seconds and note its rate, rhythm and regularity. If the pulse is easy to count, it may be taken for 15 seconds and the total multiplied by four to give the number of beats per minute. If the victim is injured or suffering a sudden illness, keep checking the pulse every ten minutes and note the rate and any irregularity.

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Checking the brachial pulse

The carotid pulse is also used for an unconscious infant, but the brachial artery pulse in the upper arm is often easier to count in a chubby or conscious wriggling infant less than one year old. It may be necessary to remove some clothing to allow unhindered access to the arm.

▶ WHAT TO DO

1. Ensure that the infant is safe and well supported.

2. Place your hand, facing downwards, across his upper arm, with two or three fingers towards the inside of the limb. Place the tips of your fingers into the groove between the muscles with your thumb under the arm for stability. The pulse should be felt easily with the pads of those fingers where the artery passes across the bone.

3. Count the pulse for 60 seconds and note its rate, rhythm and regularity. If the pulse is easy to count, it may be taken for 15 seconds and the total multiplied by four to give the number of beats per minute.

4. If the victim is injured or suffering a sudden illness, keep checking the pulse every ten minutes and note the rate and any irregularity.

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TAKING THE TEMPERATURE

Normal body temperature for infants, children and adults is 37°C. In a feverish illness it may rise to 39°C or higher; in hypothermia it may fall to less than 35°C. Both the mercury and electronic digital thermometers can be dangerous if bitten hard on the column so DO NOT take the temperature in the mouth if the person is very young, excitable, unconscious, frail or likely to have a seizure or convulsion without warning.

Standard thermometers

The most common thermometer for home use is the mercury model. Another type which is easy to use is the electronic digital thermometer which records the temperature inside the mouth in only one minute.

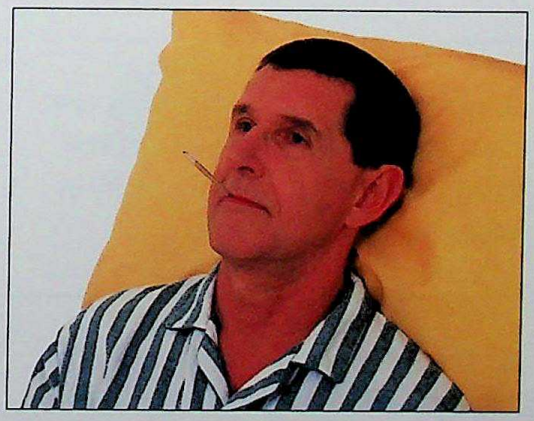
Mercury thermometer

Electronic digital thermometer

▶ WHAT TO DO

1. Tell the person what you are going to do and make sure he is sitting or lying down comfortably.

2. Shake a mercury thermometer down firmly until the mercury is at 35°C. For an electronic digital thermometer press the 'on' button. Place the bulb under the person's tongue and ask him to close his mouth gently.



3. After two minutes, remove the mercury thermometer and check the reading at eye level. When the display stops flashing on the electronic digital model (after 30–60 seconds), remove it and make a reading before pressing the 'off' button. Wipe the instrument clean with a tissue. A mercury thermometer must be shaken down again to 35°C.

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Forehead strip thermometer

This type of thermometer is easy to use on a child or infant. Some strips use colours to indicate the temperature reading; others show numerals. If the child is restless, the strip can be read in a mirror.

Forehead strip thermometer

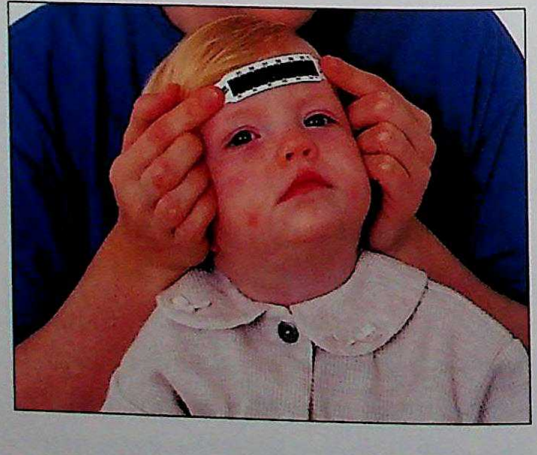
▶ WHAT TO DO

1. Tell the child what you are going to do and make sure she is sitting or lying down comfortably, preferably on an adult's lap.

Reassure the child about what you are doing

2. Hold the thermometer by its two clear ends and place it against the child's forehead. Hold it steadily in place for 15–20 seconds.

3. The colours or numerals will change to indicate the temperature reading. Remember that the display will change as soon as the strip is removed from the skin. Note the reading and then wipe the strip with a clean tissue and replace the thermometer in its container.



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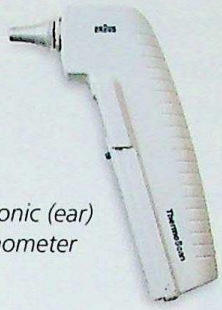
Electronic (ear) thermometer

This thermometer accurately records body temperature in the ear canal in only one second. As it is so quick to use it is ideal for toddlers or wriggling babies or for an adult who is very ill.



Electronic (ear) thermometer

▶ WHAT TO DO

1. Tell the child or adult what you are going to do and make sure he is sitting or lying down comfortably. The best place for a small child is on an adult's lap.

2. Place an ear shield over the thermometer's sensor. Press the 'on' button and wait until you hear a 'beeping' sound. Holding the outer rim of the person's earlobe, pull it back slightly to straighten the ear canal. Place the sensor end into the opening of the ear canal.

3. Wait for another 'beep' after 30 seconds to indicate that the temperature has been recorded. Remove the thermometer and note the reading. The ear shield should be discarded so no cleaning or wiping is required. The thermometer will switch off automatically when it is replaced in its case.

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POSITIONING

The comfort and wellbeing of a sick or injured person can be affected by the position they choose to rest in. Sometimes the best position is found by instinct but suggestions and practical help in the form of pillows or blankets may also be needed. As a general rule, always ask a conscious victim how you can help to make him or her more comfortable. Avoid trying to move the victim unless he or she is willing to accept your help because the movement may make the injuries or pain worse.

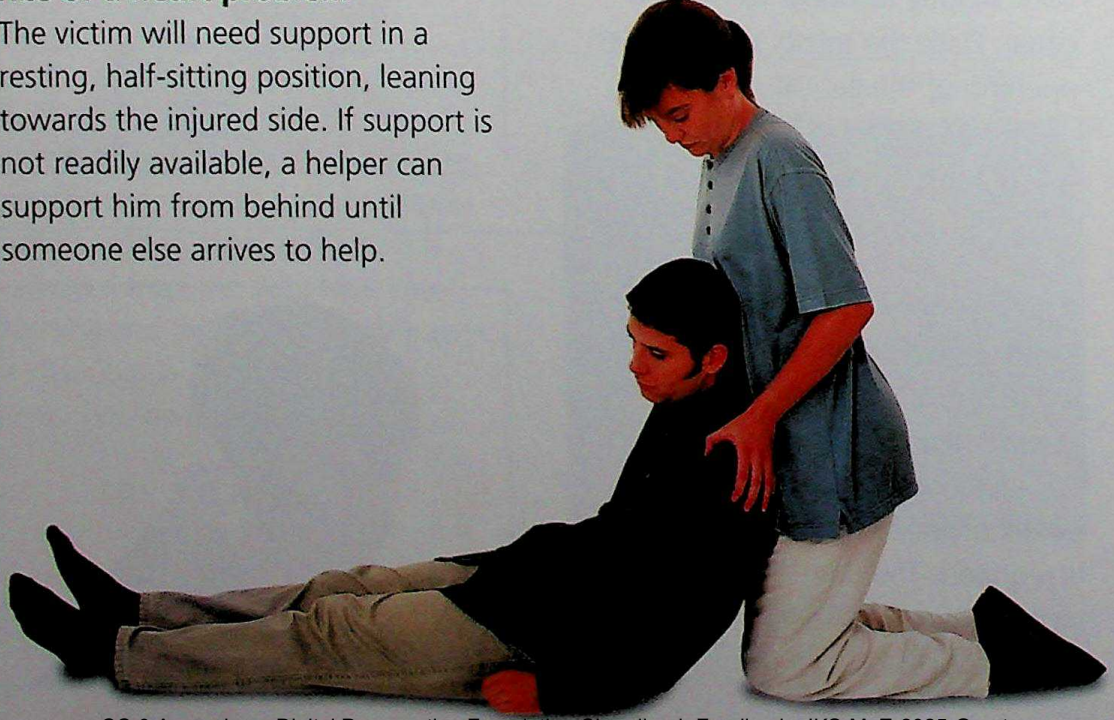
▶ WHAT TO DO

A conscious person with breathing problems

In most cases, sitting down with support for the arms will ease any breathing difficulties which occur with asthma, bronchitis or croup.

A conscious person with broken ribs or a heart problem

The victim will need support in a resting, half-sitting position, leaning towards the injured side. If support is not readily available, a helper can support him from behind until someone else arrives to help.



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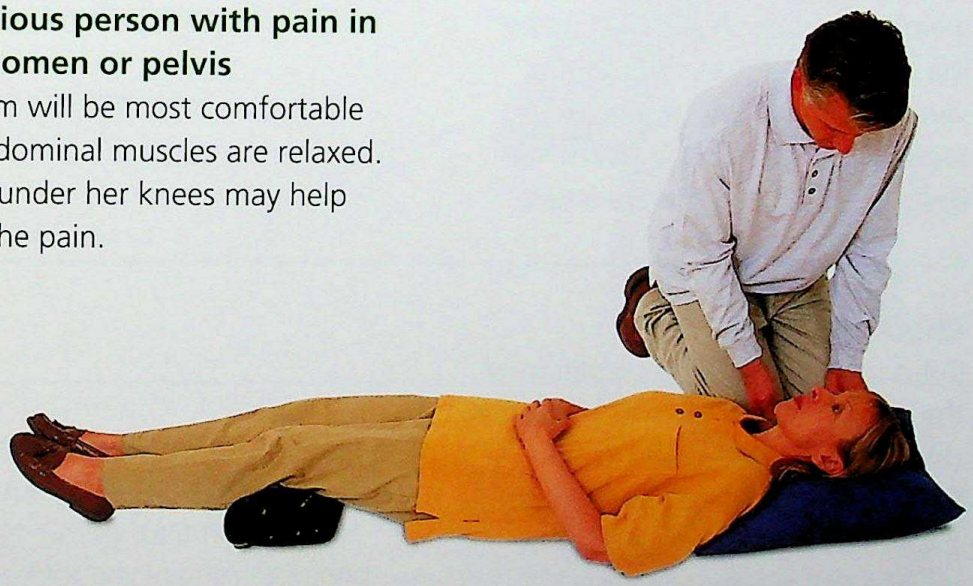
A conscious person who feels faint or is shocked

If the victim still responds to the spoken word and therefore is not unconscious, raising her legs will bring a very fast recovery as blood flow is restored to the heart, lungs and brain.

A conscious person with pain in the abdomen or pelvis

The victim will be most comfortable if the abdominal muscles are relaxed. Support under her knees may help to ease the pain.



An unconscious person who is breathing

Once the airway is clear and open and the victim is breathing, he should stay on the side until an ambulance arrives. The face should be pointing slightly downwards to allow fluids to drain freely (see page 13).

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ACCIDENTS At the scene

When an accident of any kind occurs there are a number of points to remember when approaching the scene. As a general rule, avoid placing yourself at risk as this will not help the victim. Also remember that the victim of any accident will suffer some degree of shock. If the injuries are multiple or serious the shock is likely to be severe and can lead to collapse unless recognised and treated as soon as possible.

▶ WHAT TO DO

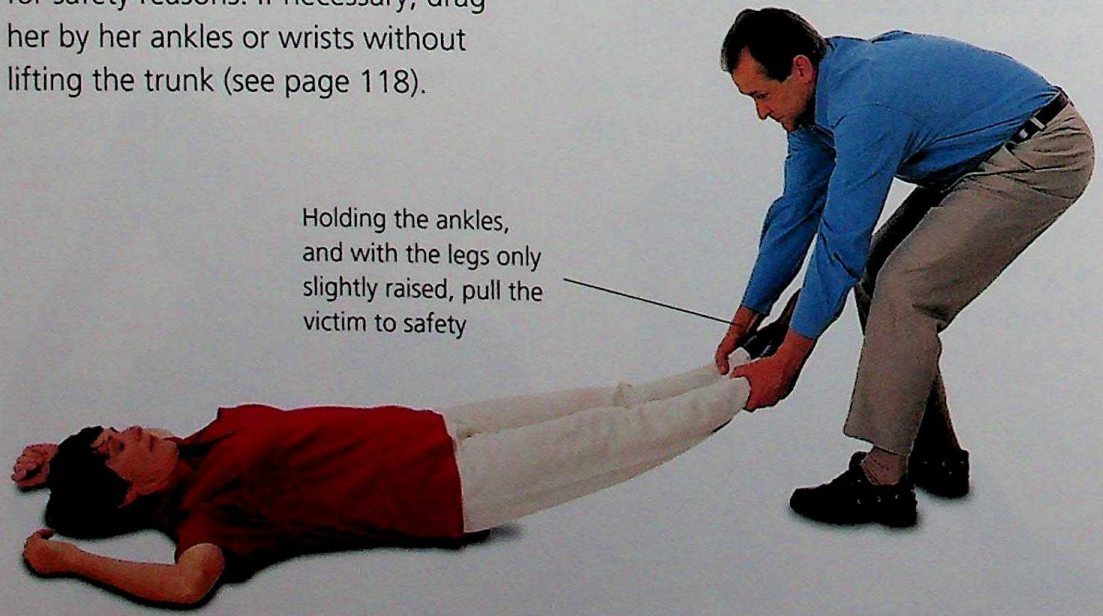
Check for danger

Make a quick assessment of the scene. Check whether yourself, the accident victim or anyone else is in immediate danger. Be especially aware of any toxic fumes or smoke and traffic, electrical or extreme weather hazards. If possible, make the area safe. If the victim is in a vehicle, turn off the engine and remove the ignition key. Warn bystanders not to light cigarettes.

If you come upon an accident while driving, park well clear of the scene and turn on your hazard warning lights to alert oncoming motorists. Quickly assess the seriousness of the accident and call the emergency services promptly.

Check the victim

If it is safe to check the condition of the victim without putting yourself at risk, make a quick assessment following the **ABC of First Aid** (see pages 10–11). In general, do not move a victim unless she is unconscious or it is essential to do so for safety reasons. If necessary, drag her by her ankles or wrists without lifting the trunk (see page 118).



Holding the ankles, and with the legs only slightly raised, pull the victim to safety

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Call for help

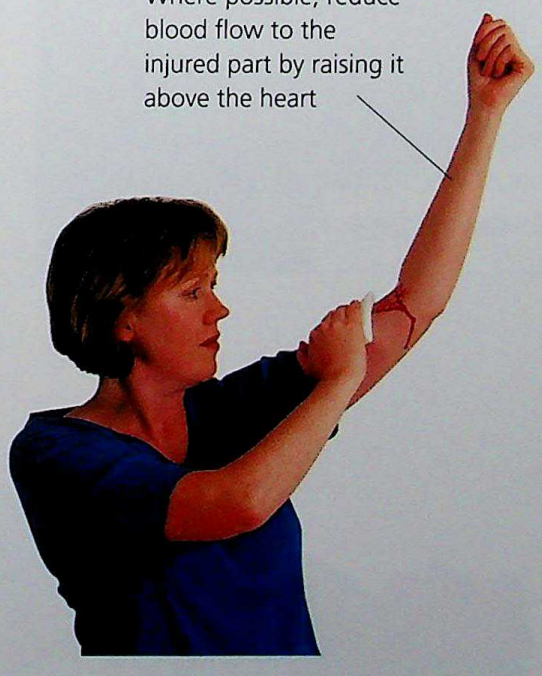
If at home, call the emergency ambulance number you have written at the front of this book; if outdoors, send a bystander to the nearest public telephone. If there is no telephone and no bystanders nearby, shout loudly to attract attention, but do not leave the victim unattended.

The ambulance operator will need to know:

- *the exact address of the accident location*
- *the condition of the victim*
- *the urgency of the situation and whether life-saving first aid is needed*
- *the name of the caller*

Check for injuries

A conscious victim who does not require life-saving treatment should be checked for any injuries requiring prompt treatment. Apply pressure (or ask the victim to apply pressure) to a bleeding wound over a sterile or clean bulky dressing. If the wound is on a limb, help the victim to raise the injured part and provide padding or support as required (see page 19).



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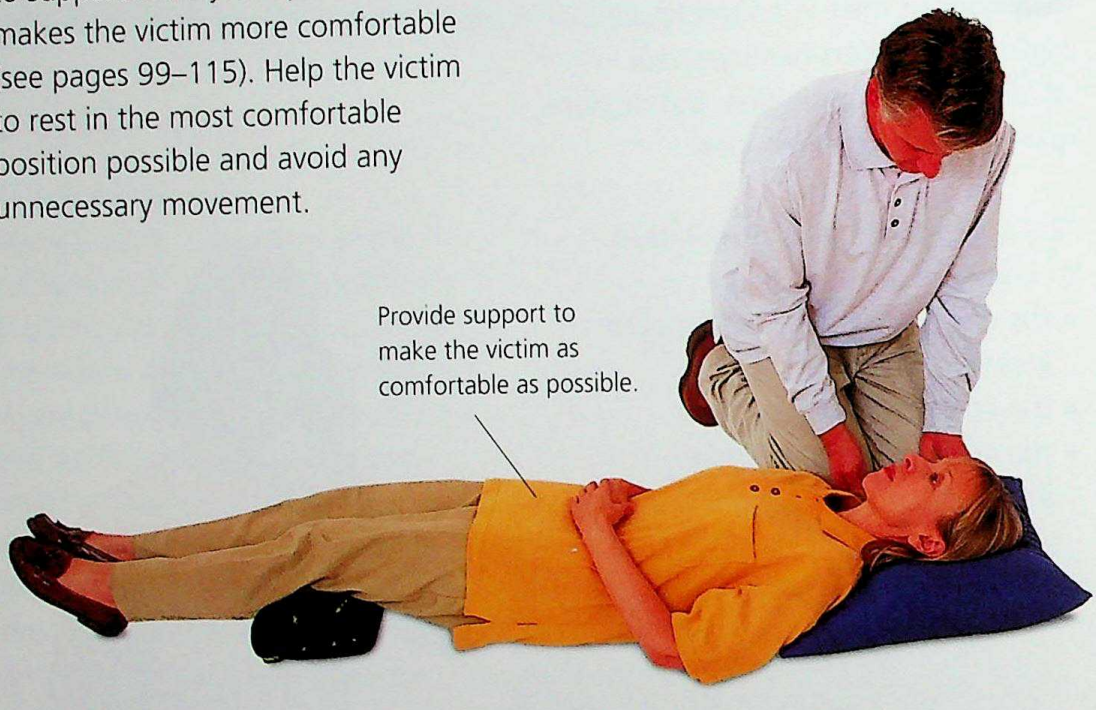
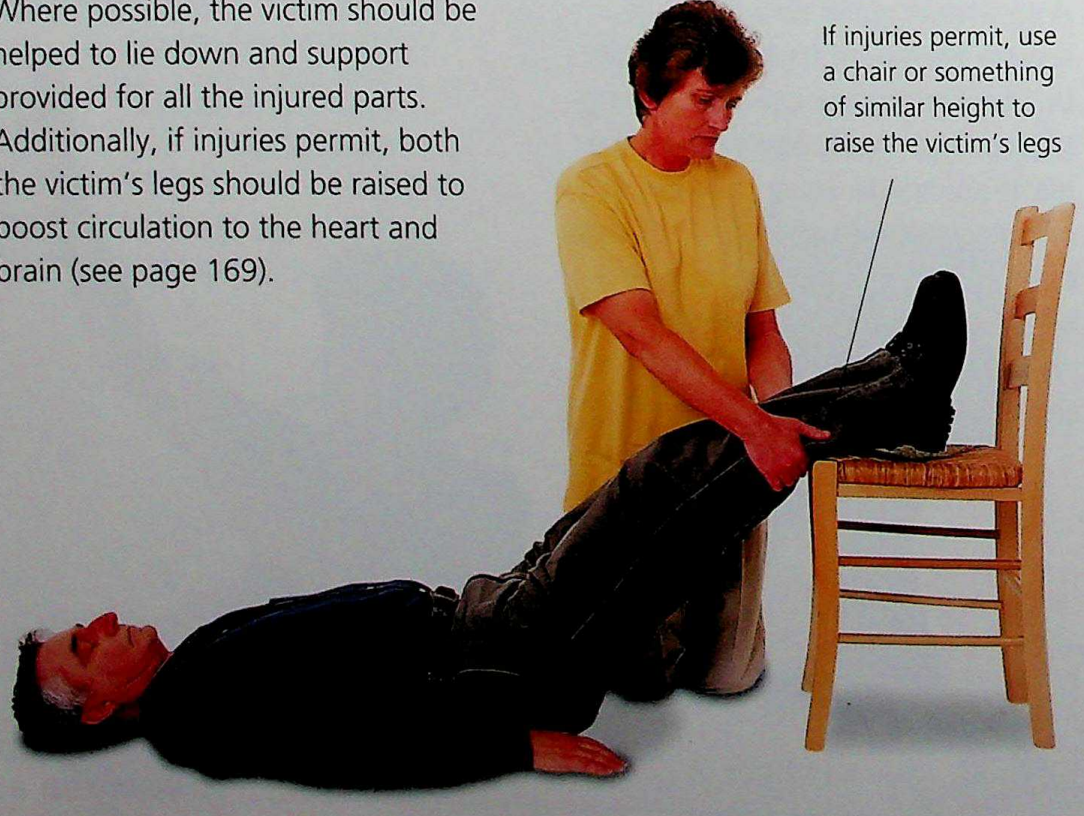
Support any fractures

If a limb or body part is out of alignment, do not try to replace it in its normal position. Provide padding to support the injured part if this makes the victim more comfortable (see pages 99–115). Help the victim to rest in the most comfortable position possible and avoid any unnecessary movement.



Treat the victim for shock

A conscious victim should rest in the most comfortable position possible, depending on the injuries received. Where possible, the victim should be helped to lie down and support provided for all the injured parts. Additionally, if injuries permit, both the victim's legs should be raised to boost circulation to the heart and brain (see page 169).



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Watch for loss of consciousness

If the victim has serious injuries – some of which may not be obvious – there may be gradual loss of consciousness. If the victim's response becomes slow or slurred while waiting for an ambulance, protect his airway by turning him onto his side (see page 12).

Ensure that the face is inclined slightly downwards to aid drainage of any fluids from the mouth

Maintain body temperature until an ambulance arrives

If available, whether inside or outside, a light covering should be placed over the victim to prevent loss of body heat. If the victim is exposed to extremes of hot or cold weather, bystanders can help by blocking the sun or holding an umbrella.

Note any changes in the victim's condition and report these to ambulance officers when they arrive. Do not give the victim any food or drink in case an anaesthetic is needed to treat the injury.

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BODY SYSTEMS AND HOW THEY WORK

An overview of how the major systems of the human body work, including:

- Skeletal system
- Muscular system
- The skin
- Nervous system
- Cardiovascular system
- Respiratory system
- Digestive system

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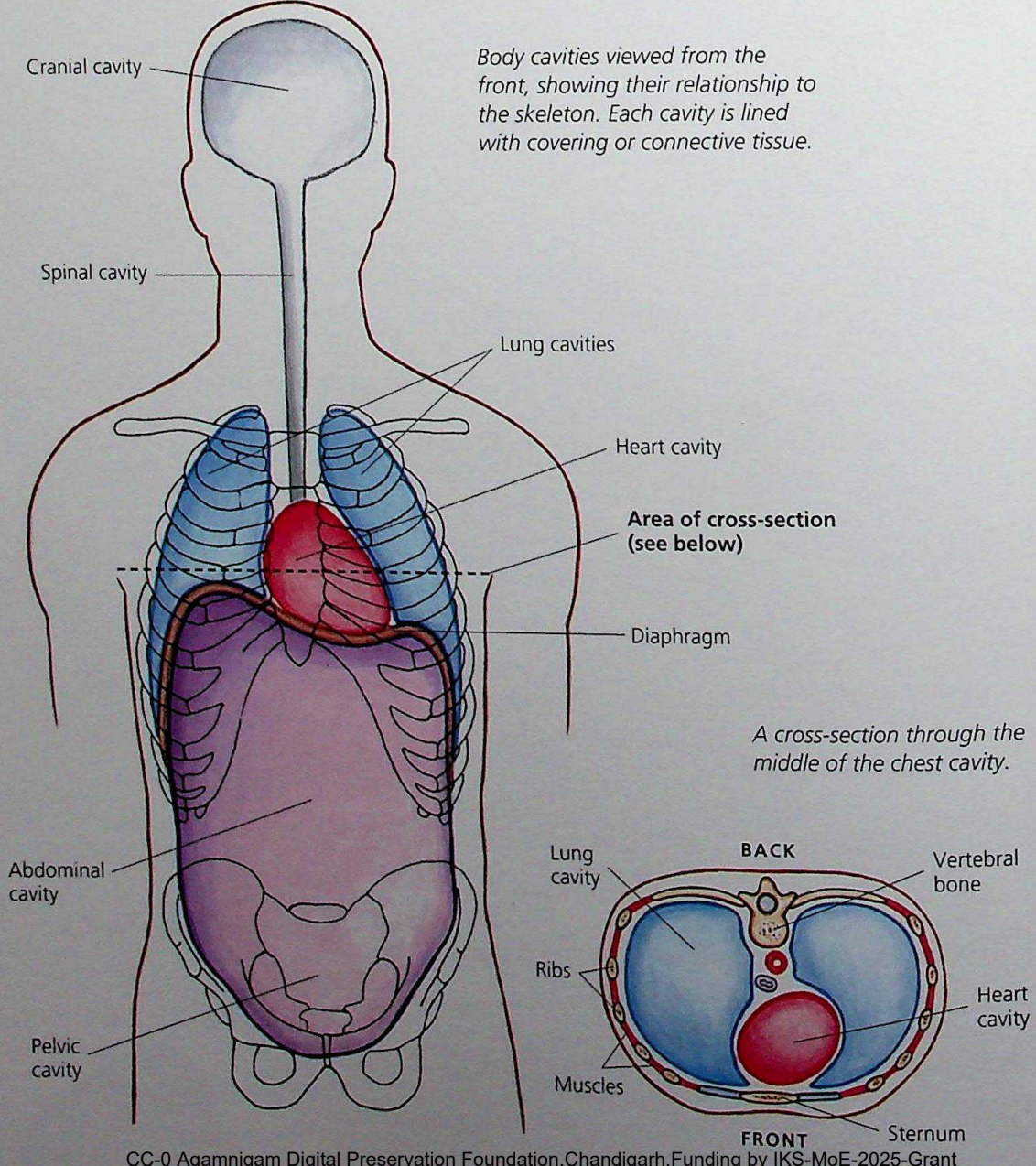
This chapter describes how the human body and its major systems work. With some knowledge of how the individual systems work, and how they are interrelated, it becomes easier to understand why injuries and illnesses have the effects they do, and why specific techniques are required to manage an emergency.

Cells, tissues, systems and regions

The human body is made up of millions of individual cells. These cells, when they work together to perform a particular function, form tissues. There are four basic tissue types in the body: covering tissue (the outermost layer of skin and the covering around most organs and the linings of various structures, organs and some body cavities); connective tissue (which bind other tissues together, line some cavities or provide strength); contracting tissue (the three muscle tissues – skeletal, cardiac and smooth); and conducting tissue (also called nervous tissue).

Two or more tissues make up the body's organs, each of which performs a specific function and has its own nerve supply and blood supply. For example, the heart is an organ made up of contracting tissue (cardiac muscle) which is covered and lined with covering tissues and has its own blood supply and nerve supply.



Body cavities viewed from the front, showing their relationship to the skeleton. Each cavity is lined with covering or connective tissue.

A cross-section through the middle of the chest cavity.

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When several organs operate together to perform a specialised function, they form a system. For example, the cardiovascular system is made up of the heart and blood vessels. The heart provides the pumping force for the blood to circulate throughout the body through the blood vessels.

The systems of the body include:

- *skeletal (bones and joints)*
- *muscular*
- *nervous*
- *integumentary (skin)*
- *cardiovascular*
- *respiratory*
- *digestive*
- *urinary*
- *lymphatic*
- *endocrine*
- *reproductive*

The body can be also divided into regions, which include the head, neck, trunk (chest, abdomen and pelvis), upper limbs (shoulder, arm, elbow, forearm, wrist and hand) and lower limbs (hip, thigh, knee, leg, ankle and foot). Some of these regions can be further subdivided.

Each region is dependent on other regions for its correct function and each system influences, and is influenced by, other systems.

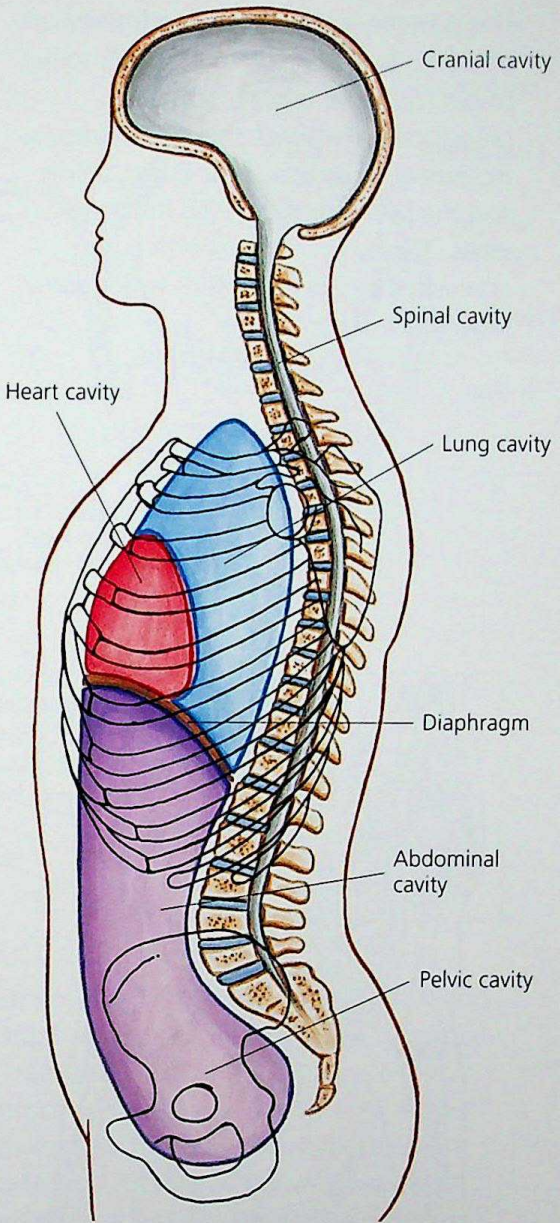
Cavities of the body

The major organs of the body are covered with covering tissue and are protected inside body cavities which are lined with either covering or connective tissue. The skull and vertebral column bones and their connective tissue linings protect the brain and spinal cord. In the chest cavity, the ribs and vertebral bones protect the lungs, heart and large blood vessels. The bones of the pelvis, the lower vertebral column, the lower ribs and the muscles of the abdominal wall protect the abdominal and pelvic organs.

The effects of illness and injury

It takes an injury or illness to make it clear how interrelated our body regions are. For example, a fracture of the forearm bones will affect adjacent regions such as the elbow, wrist and hand. The relationships between the body systems also go unnoticed in normal healthy people, but an injury has the potential to affect several systems. A bite from a snake or spider, for example, will affect some or all of the nervous, cardiovascular, muscular and lymphatic systems.

Illness or disease may initially affect only one organ, system or region of the body; injuries usually occur in a specific place but the effects may be more widespread. In both cases, the person administering first aid needs to bear in mind the close links between the various systems and regions.



Body cavities viewed from the side, showing their relationship to the skeleton.

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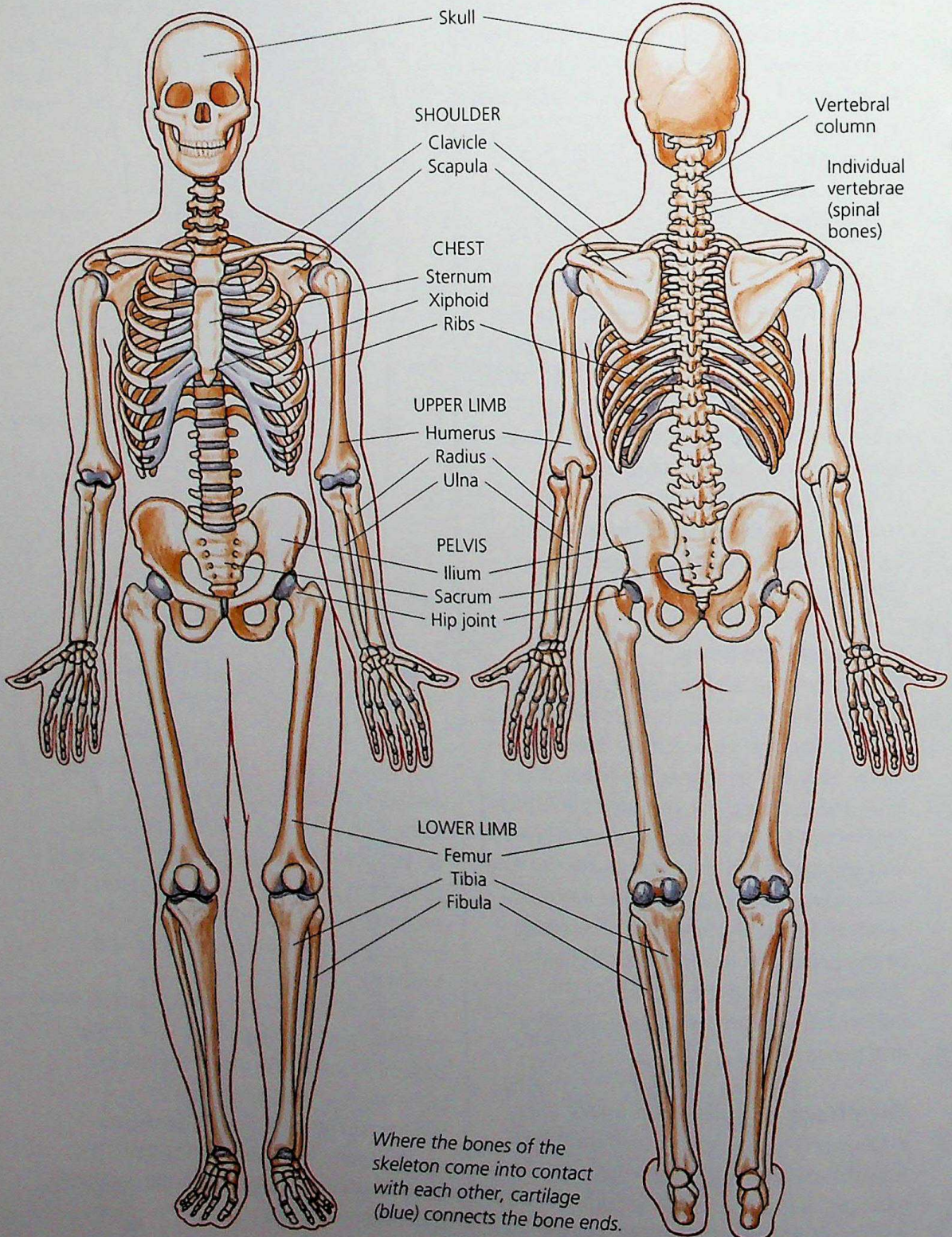
SKELETAL SYSTEM

The skeleton is the supporting framework of the body. It consists of the skull, spinal bones (vertebral column), ribs and breastbone (sternum), shoulder blades (scapulae), collarbones (clavicles), pelvis, and the bones of the upper and lower limbs. The bones of the skeleton are connected by joints, most of which allow movement of some kind.

What the skeleton does

Apart from giving our bodies shape and form, and supporting our weight, the skeleton also protects delicate organs and acts as a lever system for movement through the use of attached muscles. Bone, the basic material from which the skeleton is built, is a source of new blood cells and a storehouse for calcium.



Where the bones of the skeleton come into contact with each other, cartilage (blue) connects the bone ends.

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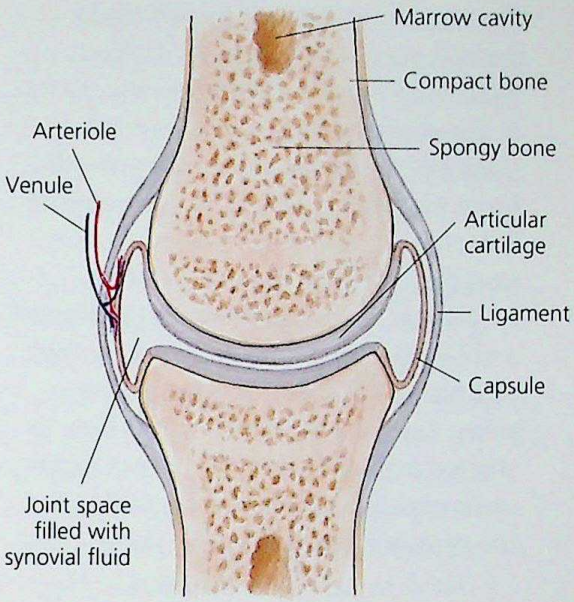
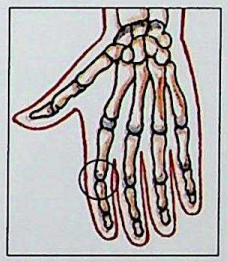
Bone is made up of a network of living cells embedded in a hard, strong, calcified material. This is well supplied with blood vessels and nerves, which is why, when damaged, bone bleeds profusely and is very painful.

Despite popular opinion, the bones of the skeleton are not solid. While their outside surface is a continuous sheet of bone tissue (compact bone), their centres are either hollow or filled with honeycomb-like bone tissue (spongy bone). In the hollows and in between the meshwork of the spongy bone is the bone marrow which produces new blood cells. Within the hollows of some bones there may also be considerable quantities of fat.



A finger joint is a typical movable, or synovial, joint. The synovial fluid lubricates the joint to aid movement.



How joints are constructed

A joint is the place where two bones meet, and it is usually a point of movement.

Immovable joints, such as in the skull, are held tightly together with strong, fibrous connective tissue.

Movable, or synovial, joints vary in how much movement they allow. At a hinge joint such as the knee, the shape of the bone ends allows movement in one plane only. At a ball-and-socket joint such as the hip, the shape of the bone ends allows very free movement in several planes.

In typical movable joints, the bone ends are covered by cartilage, separated by a film of liquid known as synovial fluid, which is contained within a fibrous bag (capsule); the whole structure is reinforced by ligaments. Synovial fluid is thick and slippery, and it surrounds and separates the bone ends and their cartilage.

The shape of the bone ends contributes to joint stability. Joints whose bone ends fit closely like pieces in a jigsaw puzzle are less likely to be damaged or dislocated.

Ligaments are very tough, non-elastic fibrous bands of tissue attached to bones to hold them together at a joint. They usually lie outside the capsule, and reinforce it. They provide additional stability for a joint and may limit the range of movement in some directions. Ligaments have a good nerve supply and are very sensitive to stretching, which is why a stretched or torn (sprained) ligament is so painful. Ligaments have a very small blood supply and so they heal slowly if damaged.

Cartilage – a thin, very smooth, fairly soft connective tissue – covers the ends of the bones at synovial joints. It provides a surface relatively free of friction to assist movement. Some joints may also contain pads of fibrous cartilage which help to spread the load from one bone to another (for example, the menisci in the knee joint). Cartilage has a limited capacity to heal.

The capsule is a tough, fibrous sleeve of tissue fixed around the bone ends at a joint. It encloses the synovial fluid, cartilage on the bone ends, and, where present, the pads of fibrous cartilage within a joint.

Synovial membrane is a thin layer of cells which lines the inside of the capsule and has a very good blood supply.

Muscle action brings about active movement at joints; passive movement may be brought about by gravity or by manipulation by another part of the body or another person. Normal movement at a joint will occur provided the ends of the bones, the capsule and the synovial membrane are in their correct place.

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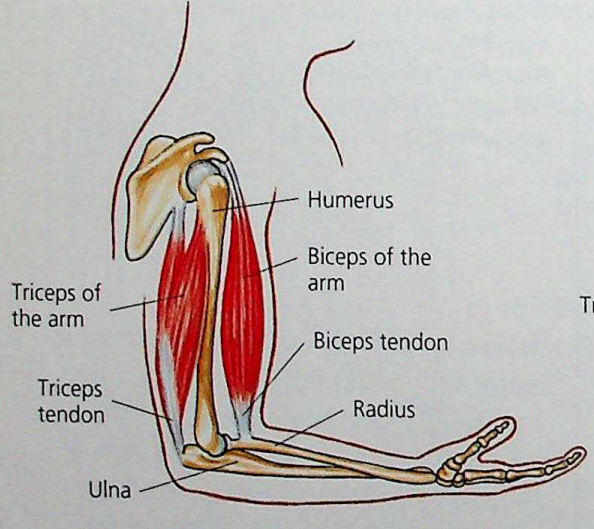
There are three kinds of muscle tissue: skeletal, cardiac and smooth. Skeletal muscles are usually attached to the bones of the skeleton; cardiac muscle is the muscle of the heart; and smooth muscle forms part of the walls of many organs of the body, for example, in the respiratory, cardiovascular and digestive systems.

Skeletal muscles are the most prominent and familiar. They are attached to at least two bones and therefore cross a joint or joints. Skeletal muscles have the ability to shorten (contract), which produces movement of one bone relative to another at the joint or joints which the muscles cross. These muscles are also called voluntary muscles because people can consciously control their movements. Some muscles do not cause movement of bones but instead attach to and move soft tissues – for example, the tongue or the facial muscles.

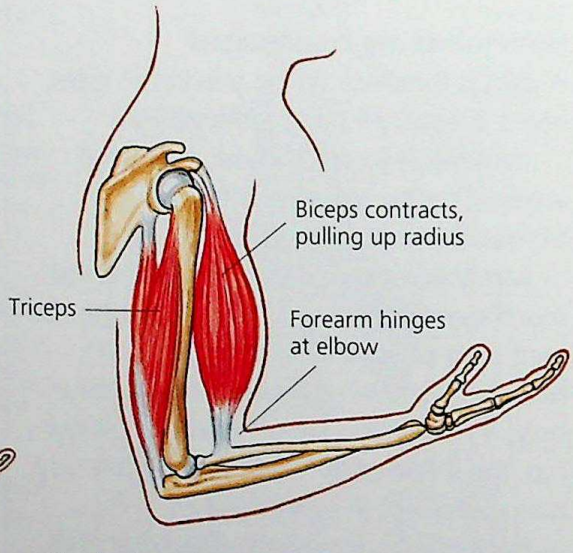
What skeletal muscles do

Skeletal muscles produce movement at the joints they cross. To stand on tiptoe, for example, contraction of the calf muscles in the back of the leg moves the ankle joint.

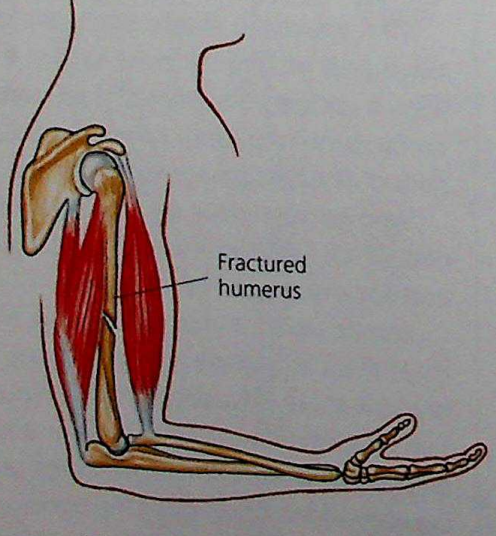
These muscles usually work in co-ordinated groups rather than individually. For example, when we move a hand to



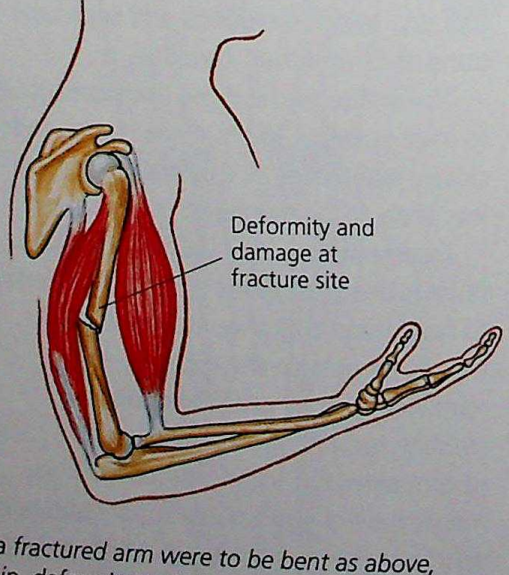
The skeletal muscles of the arm which act at the elbow joint. Tendons attach muscles to bones.



Muscles in action – the forearm is moved when the biceps contracts and shortens.



A fracture of the upper arm (humerus) leads to the loss of normal movement.



If a fractured arm were to be bent as above, pain, deformity and tissue damage would result.

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bring food from the table to the mouth – which involves all the joints of the upper limb – several muscle groups work together so that movement at these joints occurs simultaneously and smoothly.

Groups of muscles often oppose each other to maintain the position of one joint relative to another. When we are writing, for instance, certain muscles keep the shoulder and elbow fixed while others move the wrist and fingers, manipulating the pen across the page.

Skeletal muscles also support and protect internal organs. The muscles of the front and side walls of the abdomen, for example, support the organs of the digestive system.

Another function of skeletal muscles is to help to maintain body temperature. The energy used by muscles during contraction is converted to heat which helps maintain the body at optimum temperature. When body temperature drops below normal, shivering – when the skeletal muscles contract and relax – produces heat which warms the blood in nearby blood vessels.

How skeletal muscles are constructed

Skeletal muscles are composed of one or more muscle bellies attached at each end to bones by tendons. A muscle belly is composed of muscle cells (muscle fibres) which can contract when they are stimulated by a motor nerve.

A tendon is a strong, fibrous band of tissue that attaches one end of a muscle belly to a bone. When a muscle belly contracts, it pulls on its tendon which in turn moves the bone to which it is attached. Long tendons may be enclosed in a connective tissue sleeve (a tendon sheath) lubricated inside by synovial fluid (see page 239) to prevent damage to the tendons caused by friction where they pass across bony protuberances.

The nerves which supply skeletal muscle carry the signals from the central nervous system to cause muscle contraction, and they also carry sensory feedback to the nervous system about the extent of muscle shortening or stretching.

Skeletal muscles are seldom totally relaxed; even in the resting position of a joint a state of mild continuing contraction (muscle tone) is maintained. Muscle tone is lost and muscles become very floppy when the nerves which cause the muscle tone can no longer send signals to their muscles. Examples of this in first aid include:

- *Unconsciousness – muscle tone is absent in an unconscious person. Do not leave the victim lying on his or her back, because the person's tongue (a muscle) will flop back, blocking the airway.*
- *Stroke – if a person has a stroke which affects some or all of the parts of the brain that control muscle contractions, then muscle tone will be lost in some or all of the muscles, even if the person is conscious.*

What skeletal muscles need

For a muscle to function properly, several conditions must be met:

- *The nerve supply must be intact. Partial damage to motor nerves leads to weakness of muscle action; total loss of motor nerve function leads to paralysis.*
- *The blood supply must be adequate. If the amount of blood flowing to a skeletal muscle falls below the muscle's requirements, a painful spasm, known as a cramp, results. A decrease in the blood supply to the cardiac muscle of the heart results in a painful cramp called angina.*
- *The muscle must be continuous from one bone attachment to the other. If the muscle fibres are torn from their tendon or torn across in the muscle belly, or the tendon is ruptured, the muscle cannot act. Called a strain, this injury is usually accompanied by bleeding and pain.*
- *The bones to which the muscle attaches, and the associated joint or joints, must be intact. If the bone is fractured or the joint over which the muscle acts is dislocated, then movement could cause deformity.*
- *The tendon must be free to move when the muscle contracts. When long tendons are overused as a result of repetitive movements, the synovial membrane within the tendon sheath may become irritated and swell, putting pressure on the tendon and restricting its movement.*

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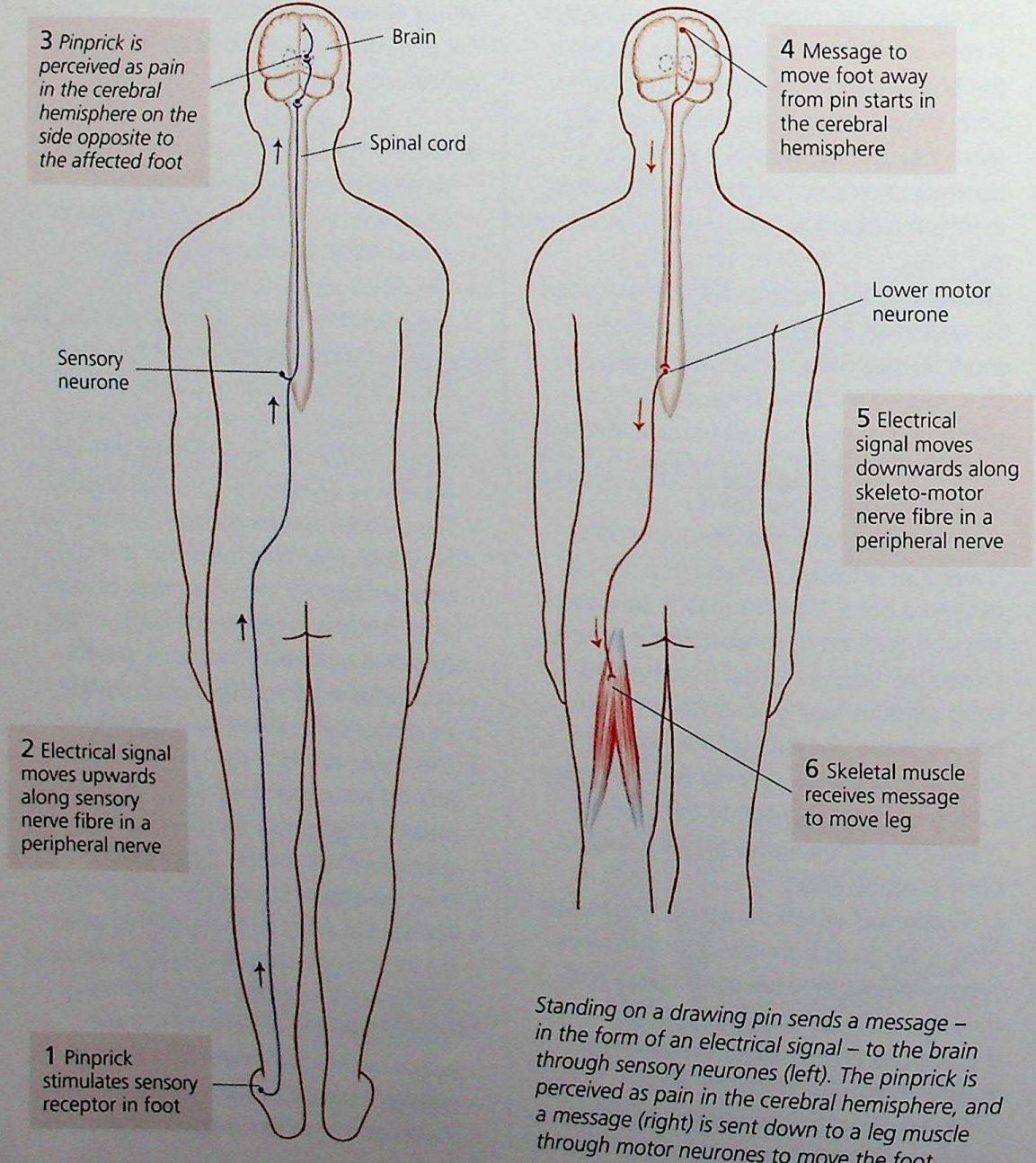
The nervous system keeps us in touch with our environment, and activates, coordinates and controls all the functions of the body to maintain their normal equilibrium. It is also the centre for all mental activity including thought, memory and learning. The nervous system can be divided into the peripheral nervous system and the central nervous system.

Nerve cells

The conducting tissue of the nervous system is made up of an intricate network of millions of nerve cells, called neurones, which conduct electrical and chemical signals. A neurone may receive signals from sensory receptors or from other neurones, and it can transmit signals to another neurone or to an effector organ, such as muscle fibres. The body contains three types of neurone: sensory neurones, motor neurones and interneurones.

Sensory neurones conduct information from sensory receptors in the body to the central nervous system. *General* sensory information about touch, temperature, pain and so on, comes from general sensory receptors located throughout the body. *Special* sensory information (sight, sound, smell, balance and taste) comes from the organs of special sensation. Damage to sensory receptors or to neurones results in loss of sensation, such as numbness, paralysis or blindness.


3 Pinprick is perceived as pain in the cerebral hemisphere on the side opposite to the affected foot
Brain
Spinal cord
Sensory neurone
2 Electrical signal moves upwards along sensory nerve fibre in a peripheral nerve
1 Pinprick stimulates sensory receptor in foot
4 Message to move foot away from pin starts in the cerebral hemisphere
Lower motor neurone
5 Electrical signal moves downwards along skeleto-motor nerve fibre in a peripheral nerve
6 Skeletal muscle receives message to move leg

Standing on a drawing pin sends a message – in the form of an electrical signal – to the brain through sensory neurones (left). The pinprick is perceived as pain in the cerebral hemisphere, and a message (right) is sent down to a leg muscle through motor neurones to move the foot.

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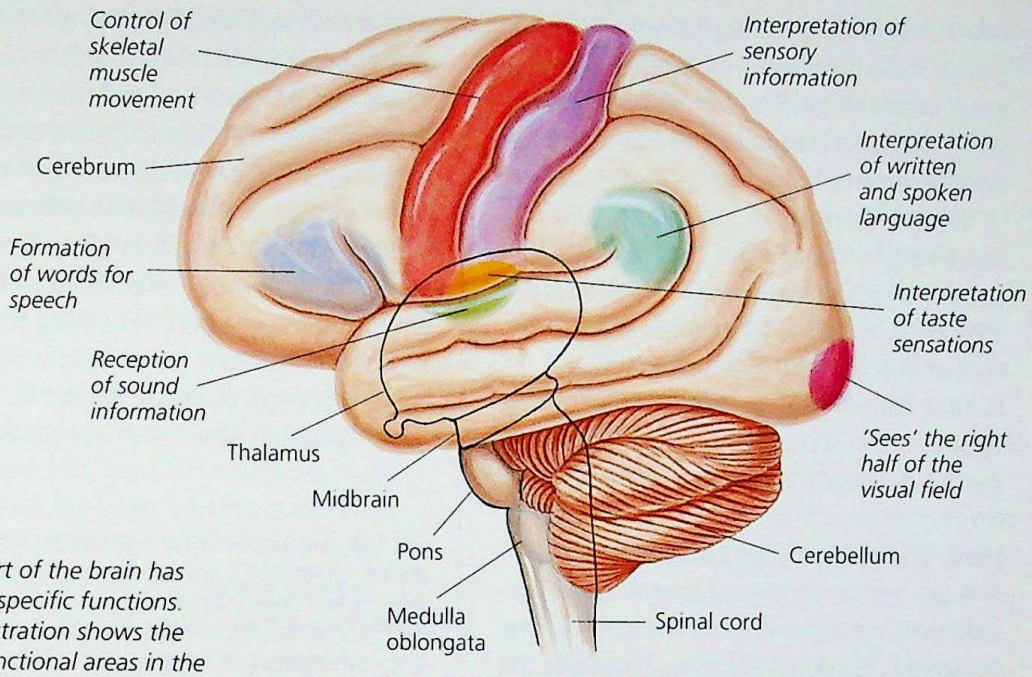

Each part of the brain has its own specific functions. This illustration shows the main functional areas in the left cerebral hemisphere.

Motor neurones conduct information from the central nervous system to muscles and glands. Signals from motor neurones to a muscle cause muscle fibres to contract and the muscle then moves a body part. Signals from autonomic motor neurones cause smooth muscle and cardiac muscle to contract. Damage to motor neurones results in weakness or paralysis (inability to contract) in the affected muscle.

Interneurones, located entirely within the central nervous system, coordinate and integrate all of this information.

The peripheral nervous system

The components of the peripheral nervous system are the peripheral nerves – the cranial nerves (originating from the brain), spinal nerves (originating from the spinal cord) and their branches. Peripheral nerves are made up of bundles of nerve fibres. Each fibre links the central nervous system with its own general sensory receptor, organ of special sensation, muscle fibres or gland. Most peripheral nerves are a mixture of sensory and motor nerve fibres.

Nerves to the skin contain sensory nerve fibres which carry general sensory information (about touch, temperature and so on) to the central nervous system, and autonomic motor nerve fibres which carry signals from this system to the involuntary smooth muscle of the organs in the skin, such as sweat glands, small arterioles and muscles attached to the hair follicles.

Nerves connected to skeletal muscle contain skeleto-motor nerve fibres which carry signals from the central nervous system that cause muscle contraction, general sensory nerve fibres which carry information about stretch, tension and pain to the system, and autonomic motor nerve fibres which signal to the smooth muscle in the walls of the arteries and arterioles to contract so as to control the flow of blood to the muscle.

Nerves to cardiac muscle contain autonomic motor nerve fibres which signal to the cardiac muscle to contract to pump blood at an appropriate rate, and signal the smooth muscles in the heart's arteries and arterioles to control blood flow. These nerves also contain sensory nerve fibres which carry information about stretch, tension and pain to the brain.

The central nervous system

The central nervous system is composed of the brain and spinal cord. The brain controls all voluntary (conscious) and most involuntary (unconscious) activity, and processes information. Each region of the brain has its own specific functions. The spinal cord relays messages to and from the brain, processes some information, and controls some involuntary activity.

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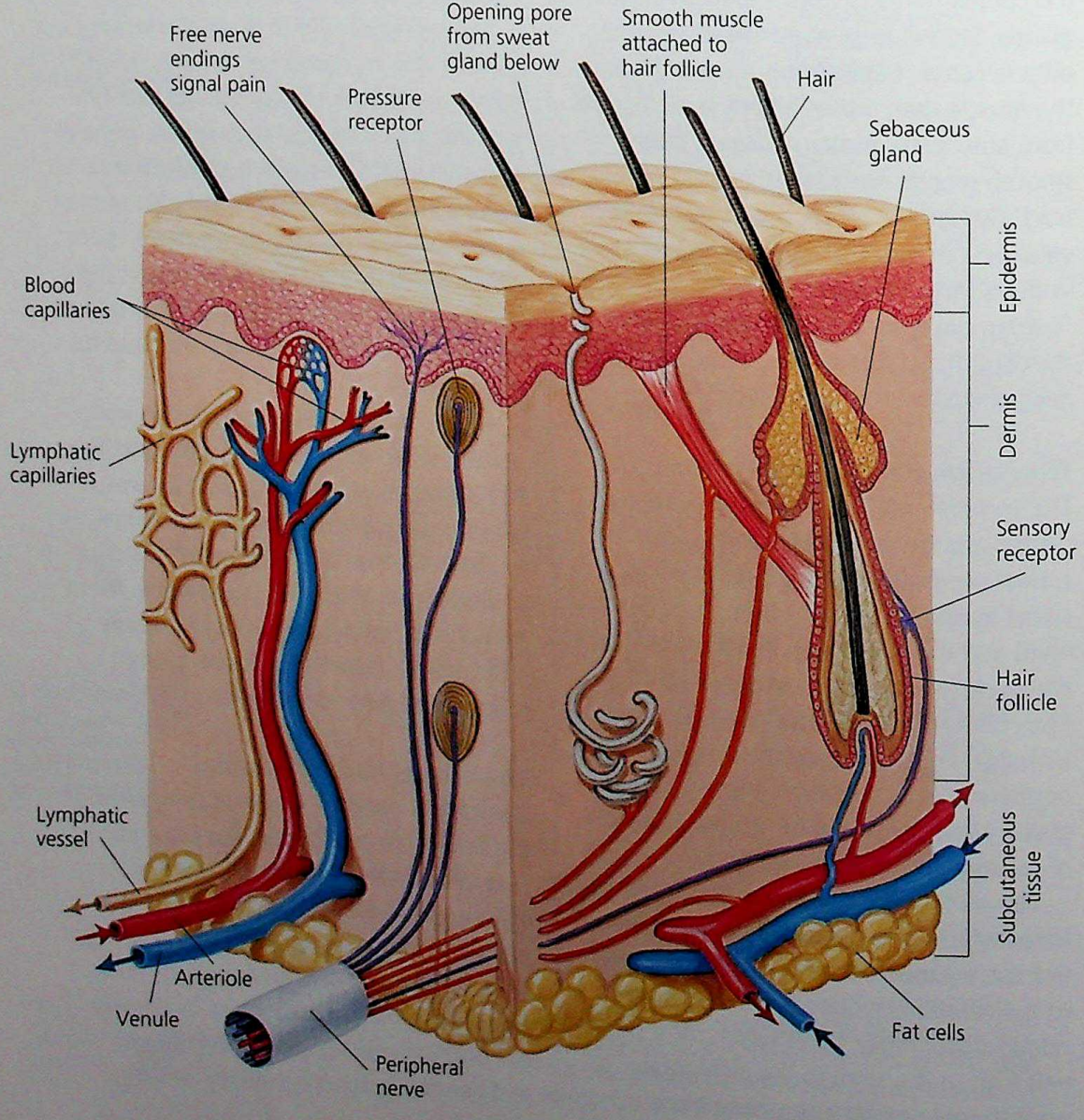
The skin and its associated hairs, nails and glands, which form the body's covering, are part of the integumentary system. The skin provides a barrier between the body and the environment.

The skin consists of covering tissue (epidermis) on its surface and connective tissue (dermis) beneath it. The dermis of the skin is attached by another layer of connective tissue (subcutaneous tissue) to tougher connective tissue or muscle beneath. The subcutaneous tissue is not part of the skin but blends with it.

How the skin is constructed

The epidermis has an outer layer of dead cells over a deeper layer of living cells. The living cells gradually move out towards the surface, die and are sloughed off. New cells continually form behind them and repeat this process. The outer layers of epidermis are waterproof, and if they remain unbroken they also prevent bacteria from entering the body. Skin pigment (melanin) in the living cells of the epidermis protects the skin from the harmful effects of ultraviolet radiation. When the skin is exposed to sunlight, other cells in the epidermis begin to make vitamin D, which the body needs in order to absorb calcium

The skin has two layers, the epidermis and the dermis. Most of the skin's organs (such as hair follicles and sweat glands) are embedded in the dermis. The fatty layer of subcutaneous tissue is not strictly part of the skin.



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for maintenance and growth of bone, muscle contraction and nerve function.

The connective tissue of the dermis provides strength and elasticity to the skin, and binds water within its structure to keep the skin suitably moist. Embedded in the dermis are the familiar surface features, all of which protrude through or empty onto the skin:

- *Nails are plates of tightly compressed, hardened dead cells which protect the fingers and toes from injury. Normally, nails appear pink; a bluish colour may indicate that the blood is not properly oxygenated due to injury or disease.*
- *Sweat from the sweat glands reaches the skin surface through ducts. Sweat is mainly water with some salt and traces of body wastes. It is slightly acidic, which inhibits the growth of bacteria.*
- *Hairs are flexible rods of compressed dead cells, and are produced in hair follicles which contain sensory receptors to detect hair movement at the surface. Small, smooth muscles are attached between the epidermis and the hair follicle. When we are cold or frightened the nervous system activates these muscles which pull the hairs upright, dimpling the skin with 'goose bumps'.*
- *Sebaceous glands secrete an oily substance into the hair follicles which then passes to the skin surface. This helps to keep the skin soft and moist, prevents the hairs from becoming brittle, and contains a chemical that kills bacteria.*

The blood vessels of the skin are located only in the dermis, and oxygen and nutrients spread from the dermis to the living cells of the epidermis. The dermis also houses tiny lymphatic vessels which drain excess fluid from between the cells and remove any bacteria which have entered the body. Lymph drainage can be blocked, for example, by a too-tight bandage around a limb, which will cause the area below the bandage to swell because excess fluid accumulates.

The skin has a particularly rich supply of nerves. General sensory receptors for heat, cold, pain, touch and pressure detect information about the environment. Autonomic motor nerve fibres activate the smooth muscle in the arteriole walls to reduce blood flow, control secretion from sweat and sebaceous glands, and contract the smooth muscles attached to the hairs.

Subcutaneous tissue contains many fat cells which cushion underlying structures from mechanical shock. The body can use this fat for energy and it also acts as an insulator assisting the skin to control temperature.

Skin and body temperature

Besides its barrier properties, secretory role and ability to help make vitamin D, the skin also regulates body temperature – the nervous system controls skin blood flow and the secretion of sweat for evaporation.

As body temperature increases, the blood vessels in the skin widen, increasing the flow of blood to supply the sweat glands with fluid to make sweat. As the sweat evaporates, it cools the skin and the blood in the underlying blood vessels. The skin may be either pink or pale and feel cool and moist.

If body temperature continues to rise, the nervous system begins to lose control of the sweat glands and the skin arterioles. The result is a hot, dry, red skin and the victim is in serious danger.

On a very hot day it is possible to lose up to seven litres of water in sweat. If insufficient water is drunk to replace this loss, dehydration of the whole body can occur with life-threatening consequences.

When body temperature is too low, the nervous system decreases the diameter of the skin arterioles, closing down the blood supply to the skin in an attempt to keep the warmer blood deep in the body where it cannot be further cooled by the environment. The skin becomes pale and 'goose bumps' appear. These bumps are a fairly ineffective way of the body trying to trap air as an insulating layer between the hairs.

The first-aid practitioner should keep in mind that people in a state of shock following an accident will appear pale and feel sweaty and cold to the touch because their nervous systems will have closed down their skin blood vessels and activated their sweat glands to release sweat.

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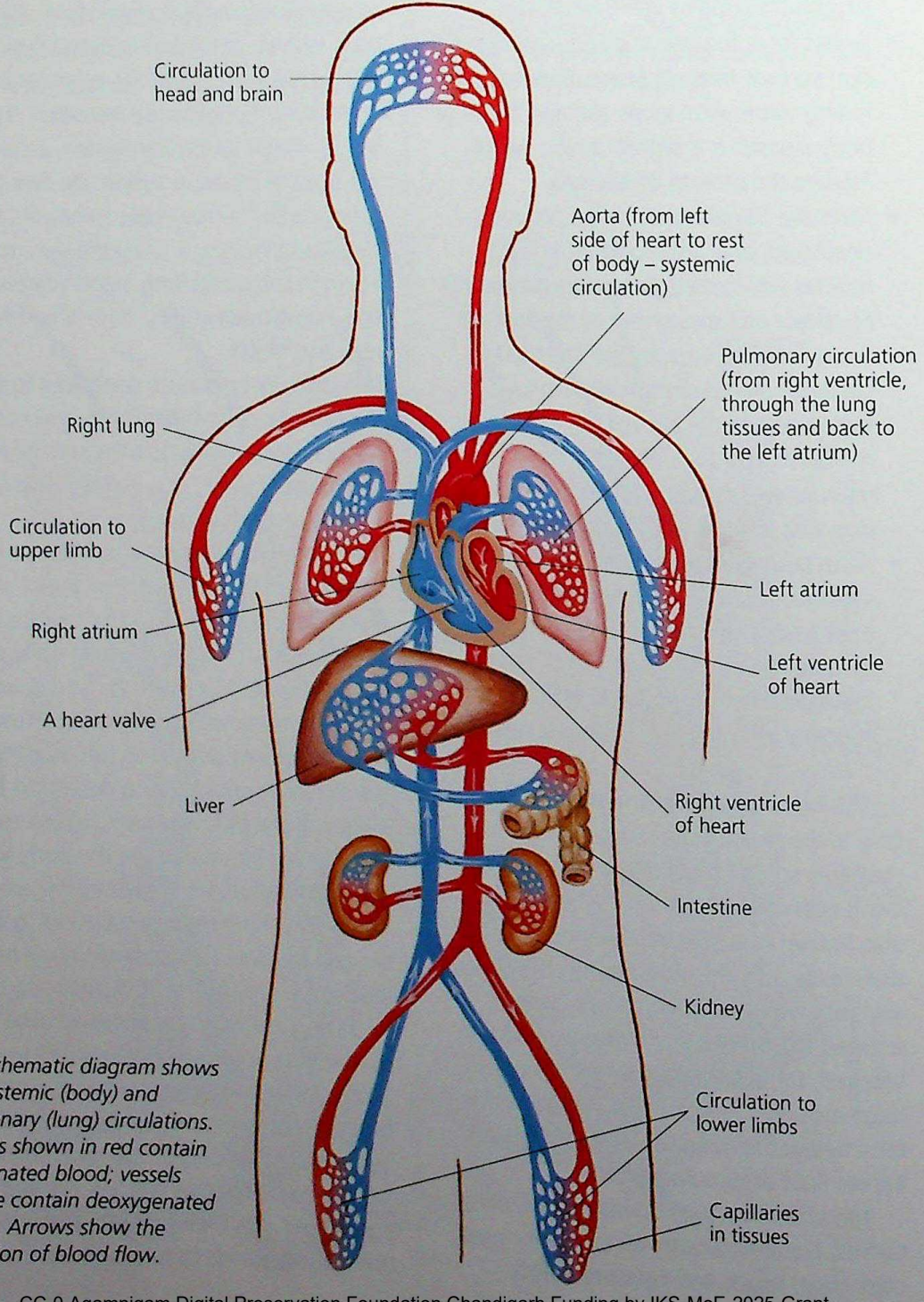
The cardiovascular system consists of the heart and blood vessels. It transports oxygen, nutrients, hormones and wastes, protects the body from bleeding and infection, and controls body temperature.

The heart

The heart continuously pumps the blood through hollow blood vessels to reach all parts of the body. It consists of two pumps, side by side. Each pump has a collecting chamber (the atrium), a pumping chamber (the ventricle), and two sets of valves to prevent backflow of blood. The walls of the heart are made of cardiac muscle, which contracts to force the blood out of the ventricles into the arteries and relaxes between each contraction to allow the heart to refill with blood.

The right side of the heart pumps blood through the pulmonary circulation to tiny sacs in the lungs (the alveoli) to be oxygenated. The left side receives the newly oxygenated blood and pumps it out


Circulation to head and brain
Aorta (from left side of heart to rest of body – systemic circulation)
Pulmonary circulation (from right ventricle, through the lung tissues and back to the left atrium)
Right lung
Circulation to upper limb
Left atrium
Right atrium
Left ventricle of heart
A heart valve
Liver
Right ventricle of heart
Intestine
Kidney
Circulation to lower limbs
Capillaries in tissues

This schematic diagram shows the systemic (body) and pulmonary (lung) circulations. Vessels shown in red contain oxygenated blood; vessels in blue contain deoxygenated blood. Arrows show the direction of blood flow.

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through the systemic circulation to the tissues of the body. The heart tissues receive blood through the coronary arteries, part of the systemic circulation.

Blood circulation

The left ventricle pumps the oxygenated blood through the aorta to progressively smaller arteries. These ultimately divide into very small arteries (arterioles) which themselves branch further into very narrow, very thin-walled capillaries.

When the blood reaches the capillaries, nutrients, oxygen and hormones diffuse from the blood into the tissue fluid around the cells and then into the tissue cells. Carbon dioxide, chemical wastes and heat move from the cells into the tissue fluid and then into the bloodstream.

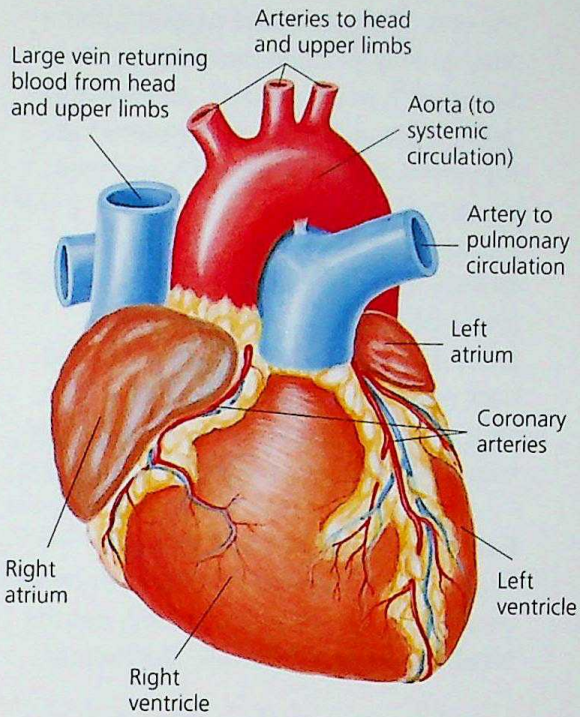
Deoxygenated blood flows from the capillaries into venules which merge to form larger and larger veins. The veins convey the blood to the right atrium of the heart from where it is pumped into the right ventricle which sends it to the lungs. Dissolved carbon dioxide diffuses from the blood through the alveoli walls to be breathed out, and oxygen, which has been breathed in, diffuses through the alveoli walls to dissolve in the blood. The cycle continues with the oxygenated blood passing into the left atrium for distribution through the systemic circulation.

Blood and blood vessels

The fluid part of blood is plasma, which carries red blood cells (to transport oxygen and some carbon dioxide), white blood cells (to fight infection and remove debris), platelets (to help blood to clot at sites of blood-vessel damage), and chemicals.

Nutrients (other than digested fat) enter the blood through capillaries in the tissues of the digestive system. The blood carries hormones (chemical messengers which act on target cells in other tissues) and wastes (other than carbon dioxide), which are either excreted through the kidneys into the urine or are broken down and recycled elsewhere in the body.

With each contraction of the heart, blood is forced through the arteries in squirts, creating a travelling pressure wave,



The heart and its major vessels, viewed from the front. Coronary arteries supply the heart muscle.

or pulse, in the blood. Elastic fibres in the walls of larger arteries allow them to bulge slightly with each heartbeat to accommodate the increased pressure. A pulse can be felt with the fingertips where an artery can be pressed firmly but gently through a thin layer of skin and subcutaneous tissue against a bone beneath.

By adjusting the diameter of arteries and arterioles, the nervous system and the cardiovascular system work together to ensure that tissues receive the right amount of blood for their needs.

Veins are soft-walled, low-pressure vessels with one-way valves to prevent backflow of blood. Blood moves through them by the force of gravity or by the contraction of nearby skeletal muscles which compress the veins, forcing the blood onwards towards the heart.

Standing still for a long time on a hot day can cause blood to pool in the veins of the lower limbs so that insufficient blood returns to the heart and thus the brain, causing the person to faint. Wriggling the toes so that the leg muscles compress the veins can prevent the problem. Someone who has fainted will recover quickly if allowed to lie down with the feet elevated to assist venous drainage back to the heart.

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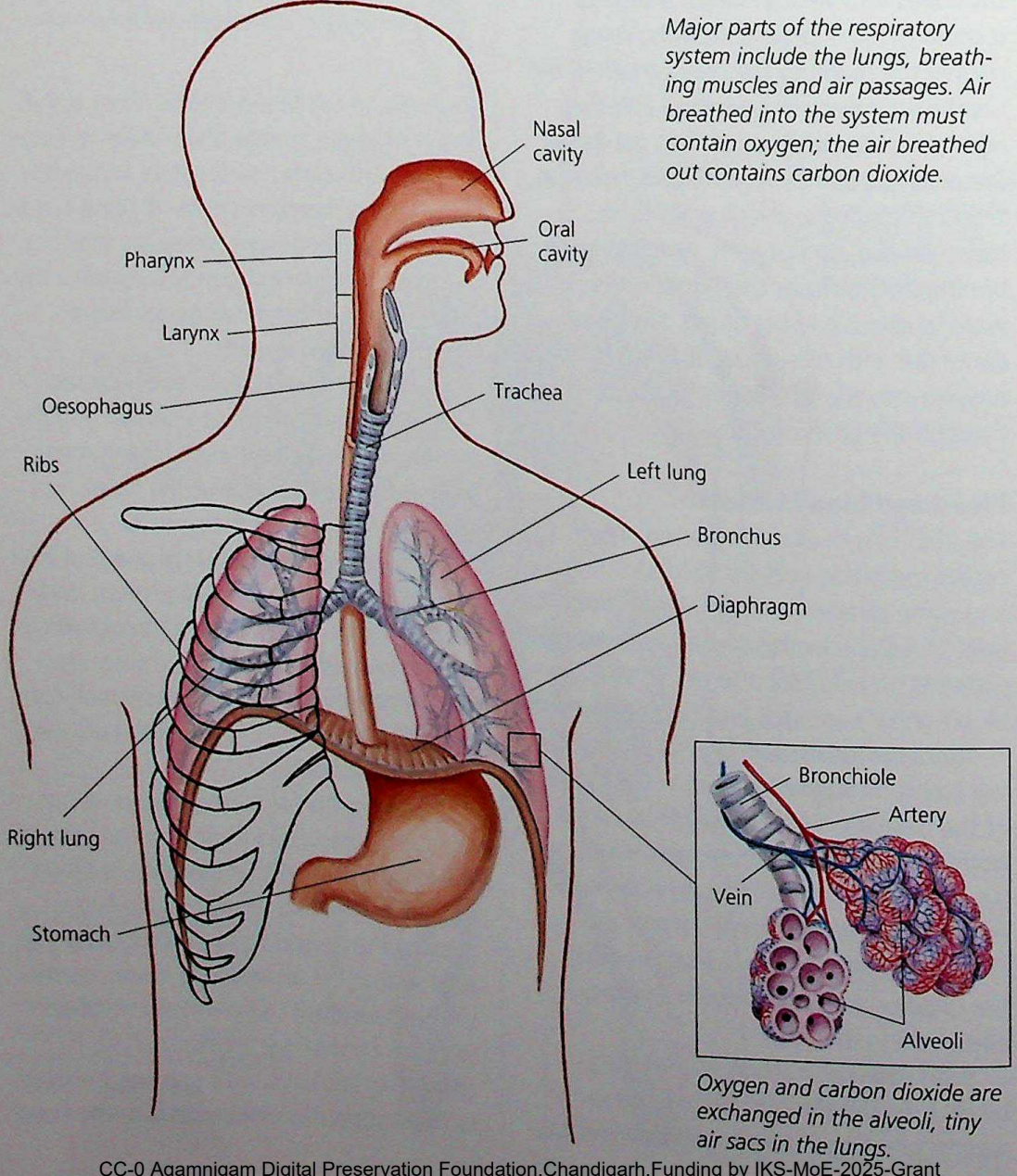
The cells of the body use oxygen continuously as they function, producing carbon dioxide as a waste product. Internal respiration is the gas exchange between the cells in the tissues of the body and their blood capillaries. External respiration is the process whereby oxygen and carbon dioxide are exchanged between capillaries and air in the lungs. Breathing is the process of air flowing into the lungs and back out again through the airways. The structures involved in breathing and external respiration form the respiratory system.

Parts of the respiratory system

The respiratory system consists of the respiratory tract, a mechanism to carry out the breathing process (muscles, membranes and ribs) and certain parts of the cardiovascular and nervous systems. The respiratory tract has a tubular conducting part (the airway) and a respiratory part in the lungs where gas exchange occurs.

In the conducting part, air is breathed into the airway through the nose into the nasal cavities, pharynx (throat), larynx (voice box), trachea (windpipe) and the two bronchi, which enter the lungs. The trachea, bronchi and larger bronchioles have rings of cartilage in their walls which help keep these lower airways open. These walls contain smooth muscle which contracts to narrow them or relaxes to allow them to return to their original size.

The lungs are a network of elastic connective tissue arranged like a sponge to



Major parts of the respiratory system include the lungs, breathing muscles and air passages. Air breathed into the system must contain oxygen; the air breathed out contains carbon dioxide.

Oxygen and carbon dioxide are exchanged in the alveoli, tiny air sacs in the lungs.

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support all the branches of a bronchus (bronchioles), a pulmonary artery and a pulmonary vein. The bronchioles, accompanied by their blood vessels, branch many times, becoming smaller and smaller until each final bronchiole ends at a duct leading into many tiny air sacs (alveoli).

In the respiratory part of the tract, the alveoli have very thin walls which are in close contact with blood capillaries. Oxygen moves from the air in the alveoli through the alveolar walls into the red blood cells in the capillaries. At the same time, carbon dioxide moves from the blood in the capillaries through the alveolar walls to the air in the alveoli, which is then breathed out.

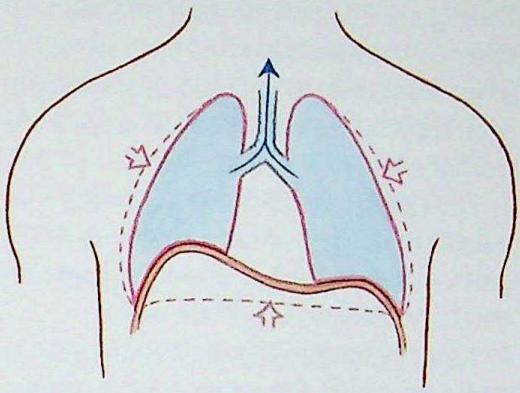
Other functions of the respiratory ststem

Besides acting as a passageway for air to pass into and out of the lungs, some components of the respiratory tract have additional functions:

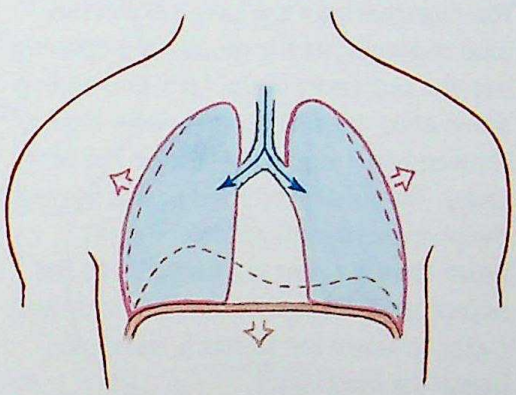
- *Detection of smells – smells are detected in the roof of the nasal cavity.*
- *Since the pharynx is a shared passageway with the digestive system, air can also be drawn in through the mouth and oral cavity to the pharynx.*
- *The larynx contains the vocal cords, which are part of the mechanism for speech production. The vocal cords can be closed to protect the opening into the trachea. The epiglottis of the digestive system also protects the trachea by diverting swallowed food into the oesophagus.*
- *The airway lining has a good blood supply which helps to warm and humidify the air passing into the delicate alveoli. The tissue lining the airway filters out most foreign particles and disease-carrying agents from incoming air by trapping them in the mucus which it produces.*

The breathing mechanism

Each lung is covered by a very thin, smooth membrane (the pleura). Each lung cavity (the ribs and muscles of the chest wall, the diaphragm and the central partition) is lined with pleura. The pleural membranes secrete a fluid that holds the lungs against the cavity wall and lubricates the potential space between them so that when the lungs expand and shrink they slide smoothly without friction.



When you breathe in, the chest cavity expands as muscles pull the ribs upwards and outwards, and the diaphragm flattens and descends. Air is sucked in through the open airways.



Breathing out occurs when the chest cavity returns to its original size as the muscles relax and return to their original size and position. Air flows out without having to be forced out.

To take in a breath of air (inspiration), nerves signal the inspiratory muscles (the diaphragm and the muscles between the ribs) to contract. The diaphragm, which is domed upwards between breaths, descends and flattens when it contracts. The ribs are pulled upwards and outwards by their muscles. These actions increase the volume of the chest cavity. The elastic lungs are stretched to fill the enlarged chest cavity and air is sucked in through the open airways.

To breathe out (expiration), the nerves stop sending signals to the inspiratory muscles which then relax. The rib cage and diaphragm return to their original positions, the elastic tissue in the lungs recoils, and air flows out passively.

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The digestive system mechanically and chemically breaks down the food we eat into a form that can be used by the body's cells. It also eliminates undigested food from the body.

The system consists of the digestive tract (a muscular tube also known as the gastrointestinal tract or alimentary canal), and its related organs. These organs include the tongue and teeth in the oral cavity, as well as the salivary glands, liver, gall bladder and pancreas, which secrete fluids into the digestive tract to aid the digestive process.

What the digestive tract does

The digestive tract is a long, continuous tube beginning at the mouth (the opening into the oral cavity in the face) and ending at the anus. Digestion starts when food is chewed and mixed with saliva in the oral cavity. The swallowed food passes through the pharynx (throat) to the epiglottis, which diverts it past the trachea into the oesophagus, located in the neck and chest cavity, to reach the stomach, which sits below the diaphragm.

The stomach mixes and churns the food with gastric juices. Food then passes into the small intestine where digestion is completed with the aid of additional fluids secreted by the pancreas and gall bladder. Nutrients are absorbed here, into the lymphatic capillaries for digested fat, or into the blood capillaries for other substances.

Undigested material is dehydrated and compacted in the large intestine and passed through the rectum and anal canal to be eliminated through the anus in the form of faeces.

How it works

The basic structure of most of the digestive tract is two layers of smooth muscle. The inner layer of smooth muscle is arranged around the tube, and when it contracts it decreases the inside diameter of the digestive tract. The outer layer of smooth muscle is arranged along the length of the tube, and when it contracts the tube shortens. The activity of these muscles is coordinated by autonomic nerve fibres so that the muscles hold food in one region so that it can be churned, and then produce wave-like contractions (peristalsis) for the one-way propulsion of food to the next region of the tube where another phase of the digestive process occurs.

The digestive tract is lined on the inside by a special covering tissue attached to the inner layer of smooth muscle by loose connective tissue. The covering tissue of the digestive tract, called the peritoneum, attaches and suspends it and its accessory organs to the cavity wall. The type of lining tissue in each part of the digestive tract depends on what type of digestive process is carried out there.

When problems occur

First-aid practitioners should be aware that injury and illness in the area where these organs are located can lead to a number of problems, some potentially very serious.

The digestive tract and its associated abdominal organs have a very rich supply of blood. Depending on the site, a severe injury to the body wall may rupture the liver or tear a large blood vessel which supplies the digestive tract. This would result in rapid bleeding into the abdominal cavity which is very painful and potentially life-threatening.

Rupture of the pancreas in an accident may cause this organ's powerful digestive enzymes to leak into the abdominal cavity around the digestive tract. This condition results in intense pain.

One of the body's natural responses to injury is to contract the skeletal muscles near the injury to support the injured area. If there has been a penetrating injury which cuts through the abdominal wall, the abdominal muscles may contract, squeezing some of the digestive tract out through the cut.

The nerves supplying the digestive tract contain autonomic motor nerve fibres which control the activity of the smooth muscle layers, and sensory nerve fibres which convey information to the brain about stretch and pain. Due to the way the nervous system has developed, pain from an internal organ is often felt on a part of the body surface which is not injured and is not near the painful organ. This is called

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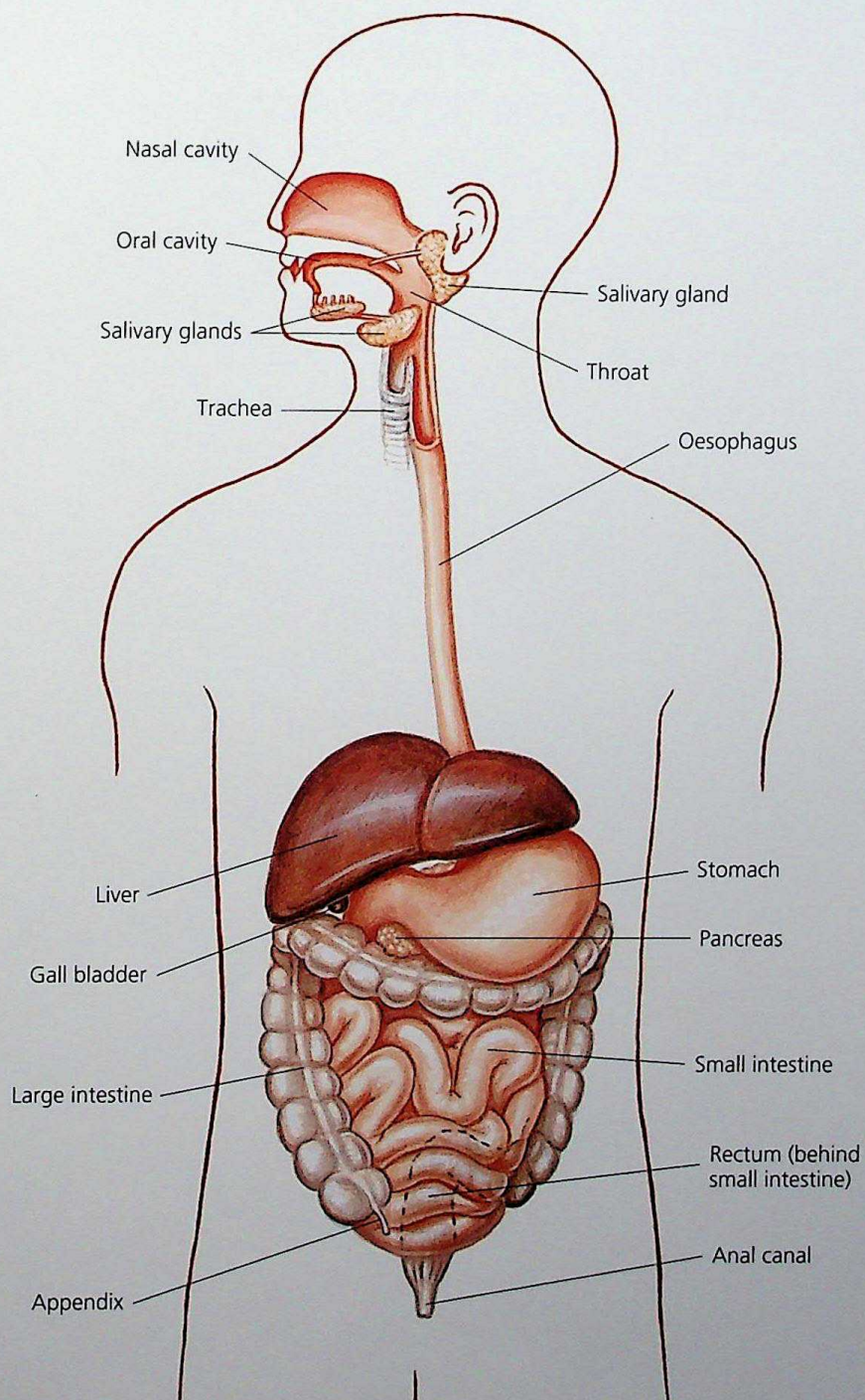
referred pain. If you find that someone has any pain on an uninjured body surface, make sure he or she seeks medical assistance as soon as possible. A doctor will be able to check whether one of the internal organs has been injured or become diseased.

Diarrhoea (watery faeces) occurs from any condition which hurries food through the large intestine before it has had enough time to absorb the remaining water. Vomiting – the forcible expulsion through the mouth of the stomach contents – happens when the stomach is reflexly squeezed between the diaphragm and the abdominal muscles. Prolonged diarrhoea or vomiting can result in dehydration and chemical imbalances in the blood which can be life-threatening in the very young or the very old.

The digestive system consists of the digestive tract (which includes the stomach and intestines) and related organs such as the gall bladder.



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ACCIDENT PREVENTION

How to avoid accidents by using common-sense preventative measures, including:

- Fire safety
- Electrical safety
- Child-proof storage measures
- Safety in the garage, workshop and garden

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As safe as houses?

Most people assume that when they close their front door behind them they are safe and secure at home. Unfortunately, statistics show that this is often not the case. The home is the most common place for accidental injury to occur; statistically, the average person is safer driving a car than spending time in his or her own home. It has been estimated that home accidents account for about one fifth of accidental deaths amongst males, and half of accidental deaths amongst females.

Many different types of injuries can occur in the home. They include falls, burns, scalds, cutting or piercing accidents, inhalation, suffocation, electrocution and accidents involving children and toys.

Most of these accidents happen to the old and the very young; that is, children under 5 and adults over 65. People in these age groups spend more time in the home than the rest of the population and their lack of awareness or physical frailty puts them at more risk than their more able-bodied fellow citizens. Small children, being inexperienced and curious about the world around them, have little ability to judge the potential danger of water, fire, electricity, poisons and many common household objects. Elderly people may have reduced mobility and less than effective senses of sight, hearing and smell.

Use a safety gate to restrict a child's movement around the house. Such barriers should always be installed at the top or bottom of stairways.

But no one is precluded from the possibility of being injured in the home. Most accidents tend to happen in times of stress – for example when moving house, or when someone in the family is ill. Many of them are caused by people doing ordinary, everyday things in an unsafe environment. With a little forethought, you can reduce the risk of an accident occurring simply by recognising hazards and removing them.

Install a firm handrail on the wall to complement a bannister rail and add non-slip strips to the edge of each step to make for a safe staircase. If carpeting is used, it must be anchored securely.

Living areas

'Shared' living areas such as living and dining rooms are common locations for accidents because they are the places where people spend the majority of their waking leisure time. As well, injuries occur in 'traffic' areas into and out of living areas such as hallways, stairs and doorways.

The main hazards in living areas are falls on slippery floors, injuries from hard or sharp-edged furniture that intrudes into 'traffic' areas, and burns from heaters and fires. Falls on slippery or uneven floors,

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A FIRE-AVOIDANCE CHECK LIST

The most common cause of fire outbreaks in the home is human carelessness. Observing a few simple precautions can help you avoid injury to your family and damage to your home and its contents.

- Keep matches and lighters away from children.
- Never smoke in bed; after a party, check upholstered chairs and sofas for smouldering cigarette butts.
- Keep drying clothes or other damp materials away from radiators or fires.
- Smother a burning saucepan with a fire blanket, a lid or a damp cloth. Never use water on a cooking oil fire.
- Ensure that gas taps are off when not in use.
- Do not dry tea towels over the stove.
- Treat electrical extension cords with respect – do not run them under carpets or over hooked nails.
- Do not connect more than two appliances to the one power socket.
- Have frayed or damaged leads repaired immediately – they are a fire and life hazard.
- Do not use flammable liquids to start a fire; ensure that such liquids are kept in labelled, sealed containers under lock and key – preferably outside the house in a shed or garage.
- Ensure that fires, particularly open fires, are properly guarded.
- Never position heaters near curtains or items of furniture – particularly those covered with fabric.
- Install a smoke alarm between the bedrooms and the likely source of any fire – the kitchen, living room or laundry.
- Close internal doors at night to help prevent the spread of any fire and leave keys in deadlocked external doors in case you need to evacuate in a hurry.
- Use a garden hose that is long enough to reach all parts of the house and garden; keep it connected to the tap.

Keep the roof and its gutters free of leaves and twigs; ensure that eaves are enclosed.

particularly in bathrooms and laundries, are a common cause of injury in the elderly.

Clean up any spills on floors as soon as they occur, keeping in mind that soap or other cleaning agents can turn a slip-resistant floor into a slippery one – so always rinse thoroughly after washing.

All floors as well as their coverings should be level and even, without sudden raised edges that may cause people to trip. Mats should have non-slip backings and should not extend over stairs and landings. Edges of steps should be covered with a screw-on or adhesive strip of non-slip material to provide firm traction. Ensure that stairways are adequately lit with an on-off switch at the top and bottom of the stairs.

Steps should be of uniform dimensions, without sudden changes of height or depth. Bannisters and balustrades should give firm, secure support for hands.

Keep walkways lit at night – night lights that can be plugged into power sockets to illuminate the floor are suitable. Watch out

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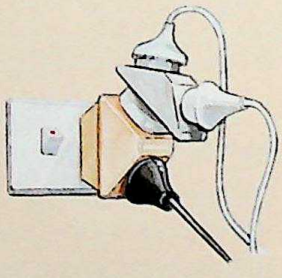
ELECTRICITY – TAKE NO CHANCES

Electrical accidents can occur in any room with a power socket but they are especially common where there are flammable materials and in 'wet' areas such as bathrooms and kitchens.

- Never take safety for granted with electrical appliances. Always switch off at the socket before pulling out the plug.
- If the power fails unexpectedly, switch off heating appliances – fires can start when the power returns.
- Do not spray household cleaners and insecticides on power sockets or switches, and keep combustible material, such as newspapers, curtains or bedding – well away from heaters.
- Never use appliances with frayed cords or broken plugs – have them repaired.
- If a plug heats up when an appliance is switched on it is faulty and may 'short', causing electrocution and burns.
- As a precaution, have the house fitted with safety switches. If there are children in the house, cover all electrical outlets with plastic socket protectors.



Do not connect more than two appliances to the one socket.

for hazards such as low furniture and electrical cords and ensure that there is clutter-free access to the telephone. Wall units and bookshelves should be firmly attached to the wall, or should be stable enough so a young child cannot tip them over. If there are children in the house, fireplaces and heaters should have secure, fixed screens that cannot be moved.

Metal guard rails help avoid one of the more obvious kitchen risks for young children.

The kitchen

With all the implements that come into play and the chemical processes that occur during the preparation of food it is not surprising that there is plenty of potential for accidents in the kitchen.

The key to a safe kitchen is good design. The aim should be to organise space and storage areas to minimise lifting, carrying and reaching. The main workbench should be as close as possible to the cooktop and oven so that the carrying of hot and/or heavy pans is kept to a minimum. If possible, the route from cooktop to bench should not cross the path of people passing through the kitchen.

A kitchen needs good lighting, especially in work areas. Fluorescent lighting is preferable to tungsten-globe illumination as there are fewer shadows. The kitchen floor should be of non-slip material and floor mats should have non-slip backing.

Power sockets should be installed where they are easy to reach. Electrical appliances are best kept away from the sink and containers of hot liquids should always be stood well away from the edges of tables or work tops so that children cannot reach them. Turn saucepan handles away from the edges of the stove top.

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A sturdy kitchen ladder for reaching high shelves or to change a light bulb is a sensible investment.

A low stepladder with a high, sturdy handrail on top is far safer than a chair or a milk crate for reaching up to a high shelf or for changing a light bulb – you will be surprised how many uses you find for it.

If there are children in the house, always store poisons, detergents and pressure-pack products in a cupboard with a child-proof lock. When working in the kitchen, keep small children out of harm's way in a playpen or use a removable gate across the doorway.

The combination of heat and flammable cooking materials such as oil or animal fat makes the kitchen the most likely place in the house for a fire to break out. In fact, the most common time for household fires to occur is in the kitchen in the early evening when the main meal of the day is being cooked. Keep an extinguisher handy, preferably a dry-powder type which is most effective for dealing with liquid or electrical fires. A fire blanket is handy for cooking-fat fires. Another useful fire precaution is to position your garden tap – with a long hose permanently attached – as near as possible to the kitchen door.

The bathroom

The bathroom can be a particularly dangerous area for elderly people. To avoid falls, there should be non-slip surfaces in showers, baths and on bathroom floors. For extra security, install 'grab' bars on the walls to provide support around the bath, shower and toilet.

In proportion to the amount of time in use, the bathroom is the most dangerous room in the house for children – so never leave them unsupervised. The main dangers are electrocution and drowning. Keep in mind that a small child can drown in as little as 1 cm of water. Scalding – particularly of babies – is also common so ensure that a small child who is able to turn a tap handle is not left alone in the bathroom with a baby brother or sister.

When bathing a small child, put cold water into the bath first. Test the temperature before you put the child in. It should be comfortably warm but not hot.

Avoid the possibility of scalding by setting the hot-water heater to no more than 50°C – check by setting it at 'warm' rather than 'hot' and then measuring the temperature with a thermometer. Hot-water pipes should be insulated or concealed so that they cannot be touched; hot and cold taps should be clearly marked.

Put child-resistant locks on bathroom cabinets so that all medicines and other

For a child's bath, always run the cold water first; ensure that the tap does not drip hot water. Do not leave a small child alone in the bathroom.

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HOW TO AVOID POISONING

Thanks to child-proof packaging, warnings on containers and awareness in the community, accidental poisoning is not nearly as frequent as it once was.

While an adult may be poisoned by taking an overdose of medications by mistake, most poisonings occur amongst children because adults have left poisononous substances within a child's reach. With relatively undeveloped senses of smell and taste and a healthy natural curiosity, children are liable to attempt to eat or drink anything that comes their way. To them, pills may look like lollies and liquid chemicals may appear to be something good to drink.

Lock the medicine cabinet

Children have been known to swallow polishes, insecticides, engine antifreeze, drain cleaners, bleaches and other household and garage products. But the most frequent cause of poisoning is medicines – sedatives, cough and cold preparations, and antihistamines are the items commonly involved. Avoid problems by always returning medicines to a locked cupboard after use.

Try to obtain pills in child-resistant containers and blister packs as these are very difficult for a child to open. Take medicines that are past their use-by date back to your pharmacist for disposal.

Do not leave cleaning products under the sink; keep them out of reach until children can recognise them for what they are.

Install bathroom cabinets or other cabinets used for storing medicines beyond the reach of children; ensure they are lockable.

Do not take medicines in front of children, because they are fond of imitating their parents. When visiting friends or relatives, keep an eye on children – your child may go exploring and find an easily accessible medicine cupboard.

Household cleaning agents cause about 15 per cent of poisonings. They include caustics in drain and oven cleaners, and dishwashing-machine detergents. These cause serious and potentially fatal burns when swallowed. Petrochemicals such as kerosene, mineral turpentine and petrol are dangerous if swallowed and are especially dangerous if inhaled into the lungs. They must be stored out of reach of children, preferably locked in a cupboard with a child-proof lock.

Do not change containers

Never move poisonous products from their original containers and ensure that they are clearly labelled. Do not store food and household cleaners together in the same place. When you no longer have use for toxic products, dispose of them. Your local council will have information on the correct way to do this. Keep the number of your doctor, poisons centre and nearest hospital near the telephone or consult the emergency numbers at the rear of this book.

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possibly poisonous substances are beyond the reach of curious children.

Wash basins are best positioned so that they do not overhang the end of the bath. Avoid sharp, hard corners on vanity benchtops. Glass shower screens should always be made of shatterproof, laminated glass.

Fittings or furniture that could be used for climbing should be positioned well away from windows. Bathroom and toilet door locks should have emergency releases on both sides.

Power sockets should not be positioned within the reach of any child in the bath or shower or any wet area. If you must have electrical appliances in the bathroom, they should have short leads rather than curly cords, which may allow a child to take them into a wet patch, and they should be unplugged and put away when not in use.

The bedroom

Young children are inquisitive and like to explore, but are unaware of the many dangerous situations they may encounter. One in five accidents involving children under one year of age is associated with bedroom or nursery furniture – such accidents often occur when the furniture tips over.

The bedroom is a place where children can retreat from the world of adults and play by themselves unsupervised. Because their play is often more boisterous than in other areas of the house parents should take special care to make it as safe an environment as possible. Potential dangers include falls from a bunk bed or windows, burns from heaters and injuries from unsafe toys. Where possible, furniture should be anchored to the wall.

Bunk beds are not recommended for children under the age of nine. If for reasons of space the bedroom has a bunk bed it should have guard rails attached on all sides to stop the child falling out whilst asleep. The top of the rail must be at least 150 mm higher than the top of the mattress. The ladder should be part of the bed. The floor should be of a soft, impact-absorbing material that will cushion a fall.

Minimise the chance of injury when children get up to mischief in their bedroom by taking a few simple preventative measures.

Use simple brackets to prevent shelves from toppling over
Restrict low windows to a 100 mm opening space
Train children to put away toys that are not in use
Ensure that bunk bed ladders are strong and in good repair
Use a non-slip backing to stabilise mats and rugs

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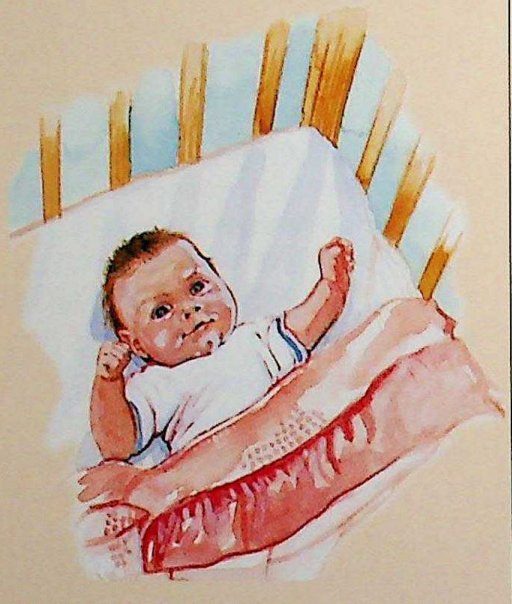
GUARDING AGAINST COT DEATH

Sudden Infant Death Syndrome or SIDS (otherwise knows as cot death) is the most common cause of death for children under one year of age, with the riskiest period occurring between two and four months. The highest incidence of SIDS, in which the baby suddenly stops breathing, occurs with babies who were premature, had a low birth weight, are bottle fed and live in a household where the parents smoke cigarettes.

A useful electronic aid is a microphone monitor which transmits the sound of the baby's breathing to other parts of the house – these are a help as long as the parents are listening.

Ways to help prevent SIDS include:

- Ensuring that the baby does not become overheated – use layers of light bedding. Quilts and cot bumpers are not recommended.
- Always putting the baby to sleep on the side or back – never face down. When the baby is sleeping on the side, the lower arm should be placed well forwards so that the baby cannot roll over onto its stomach. The baby's feet should be at the bottom of the cot.
- Using a clean, firm, well-fitting mattress with no pillow. Do not let the baby sleep on a water bed or bean bag. Always ensure that the baby's environment is smoke-free.



Avoid pillows for babies under 12 months old; never leave a dummy around the baby's neck.

To prevent a child falling from a window, windows with a sill height less than 1.5 m should have openings of no more than 100 mm – alternatively, they should be fitted with window guards, which must be removable in case of fire. Furniture should not be placed so close to a window that a child can climb up and fall out. Try to avoid sharp angles on furniture corners to lessen the possibility of serious injury should a child fall against them.

Provide plenty of storage space for toys so they are not lying about where someone may trip over them and ensure that blinds and curtains do not have dangling cords.

If you use electric blankets, make sure they are in good repair. Do not pile clothes or other articles on the bed while the blanket is turned on, and switch it off when not in use or it may overheat. Look for signs of wear or tear like scorch marks, or damage to the cord and plug; if you find them, have the blanket repaired or replaced. Never place a baby on a 'live' electric blanket.

Cots are another frequent cause of injury. Use a cot that is manufactured to a nationally recognised standard so that children cannot climb over the sides and fall out or trap their head or limbs in the gaps between the vertical bars.

Remove any beads or toys that are small enough to fit into a child's mouth and if the cot has castors remove them from one end so that it cannot be easily moved. Always stand a cot away from windows, heaters and power sockets to avoid the risk of falls, burns or electrocution.

When babies or toddlers are not being closely supervised confine them to a playpen that is heavy enough not to tip over (never use a cot as a playpen). Do not place large, bulky toys in a playpen as children may use them to clamber out.

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Use an electric blanket to warm the bed but switch it off before you go to sleep.

Wherever possible, keep bassinettes and bouncers on the floor and change the baby's nappy while it is resting on a towel or similar cover on the floor – this avoids the danger of the child falling off a table, sofa or bed. Never leave a baby unattended in a baby walker as it may walk itself into a dangerous situation.

Children's toys

No childhood is complete without toys. But if badly designed or incorrectly used, toys can cause death and serious injury.

Children up to the age of three are most at risk and suffocation is the most serious problem – this occurs when children swallow toys or pieces of toys.

Small toys and parts of toys may be swallowed or inhaled. Babies can easily choke on small things like buttons, tiny toys, coins and loose parts of toys like glass eyes. As a general rule, if the toy is small enough to fit into a 35-mm film canister, it is too small for toddlers.

If badly designed, projectile toys can cause serious injuries. Such toys include toy guns, bow and arrow sets, darts and airplanes. A toy must not be able to fire foreign projectiles like pencils and nails. Choose only projectile toys with soft, one-piece darts with suction caps.

Soft toys are a problem if the seams burst through frequent use, especially if the stitching is weak. The filling – polystyrene beads, for example – may be swallowed or the child may choke on it. Foam toys are not suitable for children under three, because they may bite or tear off pieces and choke on them.

Toys should not contain rope, ribbons or strings longer than 30 cm as babies and small children can become accidentally entangled and choke. Crayons and paints and other painting and drawing materials should be labelled non-toxic.

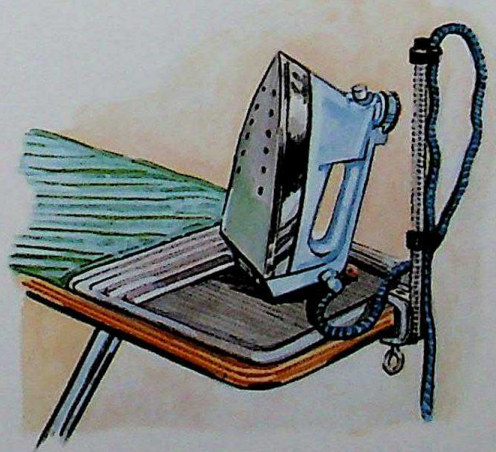
It is wise to check toy labels; the label should give the age recommendation for the toy, and should state that it is non-toxic and non-flammable.

Toy boxes are a frequent cause of serious injury. Children up to the age of two are most at risk – being strong enough to lift the lid, they may look in and then let it fall back onto on their head or neck. Even lightweight boxes can cause injuries. If the box has a lid, remove it or replace it with a toy box without a lid, or one with a sliding door.

The laundry

Most laundries contains almost as much potential for harm to life and limb as the kitchen and bathroom but as elsewhere simple precautions are all that are needed to greatly reduce the risk of electrocution, burning and poisoning.

Detergents, bleach and other cleaning agents, chemical-based liquids or powders and aerosol containers should be locked away in child-proof cupboards. Laundry tub taps are best located beyond the reach of small children.



A rod clamped to an ironing board keeps the cord free of the board edge and prevents fraying.

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While most accidents occur inside the four walls of the house, there is plenty of potential for injury to adult and child alike in the garden, backyard, garage, shed or workshop. Fortunately, many of the measures needed to reduce risks in outdoor areas are simple and you can easily undertake them yourself.

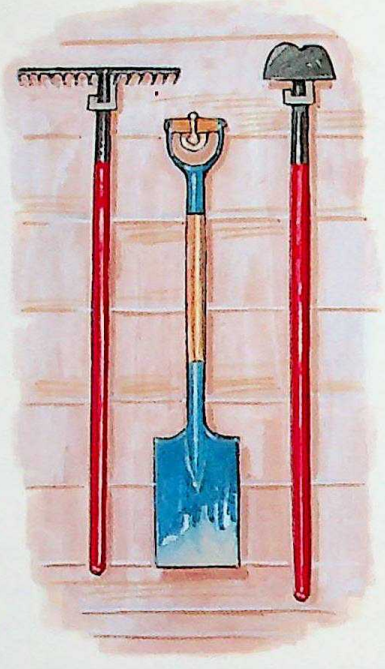
In the garden

To prevent falls, steps and ramps should be easily negotiable – make sure that the width and height (the 'tread' and 'riser') of any series of steps is consistently the same. If steps are uneven, have them modified. Ramps should rbe set at a gentle angle.

Ensure that any steps, paths and passages used at night are brightly lit. If you are concerned about security, install a motion-sensor light to provide illumination and scare off intruders. You can usually replace existing lights with sensor lights without additional wiring.

Steps, particularly those with a smooth surface such as glossy paving paint or slate, should have a strip of non-slip material fixed to their leading edge. Regularly remove moss and leaves from pathways.

Have a weekly tidy up to keep the garden free of objects that might trip up people. Do not leave hoes and rakes lying on the ground; stand them upside down. Put hoses and sprinklers out of the way after use and ensure that the clothes line – particularly the rotary type – is safely above head level. In the same way, trim and prune overhanging trees and shrubs so they do not present obstacles to people walking along paths.



Always keep tools – especially large garden implements – out of the way when not in use.

When lifting heavy loads, always lift with a straight back. *Bend your arms, knees, and hips towards the object, with your feet slightly apart, and one foot a fraction in front of the other.* Keep the weight close in to the body and keep your chin in. Get assistance when moving very heavy or bulky loads.

Try to shovel and dig in a straight line, resisting the temptation to 'shovel and twist', and limit spade loads to an amount you can comfortably handle. Keep feet apart and the load as close as possible to the centre of your body. When mowing the lawn, remember to wear protective clothing such as gloves and sensible boots that protect your ankles.

Gardening gloves are essential to prevent cuts, pricks and splinters as well as bites from spiders and insects. If you come across a wasp's nest, have it destroyed – your local council will provide information on how to do this.

The commonest cause of backyard injury in young children is falling over toys. Children need a play area that is open and clear of obstacles. The area should be

When gardening, wear a broad-brimmed hat; gloves protect your hands from cuts and bites.

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fenced off from the driveway, from the swimming pool, from any stairs or steps in the garden and from pets or animals that might harm children.

Outdoor play equipment must be stable, well made and comply with national standards. Ideally, play equipment needs a soft surface underneath, such as pine bark or woodchips, so that it can absorb the impact of a fall. This should be about 200 mm deep, extending to a 2-m radius around the equipment.

Play equipment for older children may need to be removed or modified for younger children. Take away ladders from cubbies and tree houses so that younger children can't climb up them.

Trampolines are not recommended for small children – falls from them are common. If you have a trampoline, only one child at a time should use it. The frame should be padded and the trampoline should be positioned away from trees and fences and surrounded by a soft surface.

In the garage

Garage doors should always be kept locked with the lock preferably at least 1.5 m above ground level. The operating switch for automatic garage doors should be well out of reach of a child.

When parking a car in the garage, switch off the ignition and remove the ignition key. Ensure the vehicle is locked so that children cannot get inside, that the hand brake is securely on and ensure that that the car is in gear. If the car has to be parked on a very steep driveway use an extra method of securing the vehicle, such as heavy chocks, so it cannot get away.

Play areas are best fenced off from driveways to avoid the risk of accident, particularly when the car is being reversed.

Dangerous substances such as chemicals, poisons, paints and motor mower fuel should not be stored in the open in a backyard. They should be on high shelves or in locked cupboards in a garage or shed, preferably also locked.

Around the swimming pool

Drowning, most commonly in backyard pools, is a common killer of children in the under-five age group, with children between the ages of one and three years being at highest risk. A high proportion of drownings occur during visits to friends or relatives with a pool.

Seek advice from your local council about regulations regarding the type of fencing required for swimming pool surrounds.

Keep a life buoy handy at poolside
Install a self-closing, self-latching gate
Stay in the water with children who cannot swim
Non-slip edging helps prevent falls
Always enclose a pool with a child-proof fence
LIFE SAVING
NO DIVING

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Wear goggles and gloves when using cutting tools, a face mask when sanding or painting.

Children must be constantly supervised around swimming pools, spas, fish ponds and ornamental pools. If you leave the pool for any reason, take the child with you – many drownings occur when the supervisor's attention is diverted momentarily by a phone call or a knock at the door.

All pools should have isolation fencing installed, with a self-closing, self-latching gate. Once installed, the fence and gate must be maintained in good working order. Make sure there is nothing leaning on or beside the fence that could help children climb over the fence. Keep pool filtering equipment covered.

Always empty wading and paddling pools after use and deflate them or store them upright. Fish ponds should have a mesh or a metal grill over them. Waterways in rural areas – lakes, creeks and dams – are just as dangerous. Boys between eight and ten years old are especially at risk in these locations. *In general, children who can swim face far less chance of drowning than those who can't.*

In the the workshop or toolshed

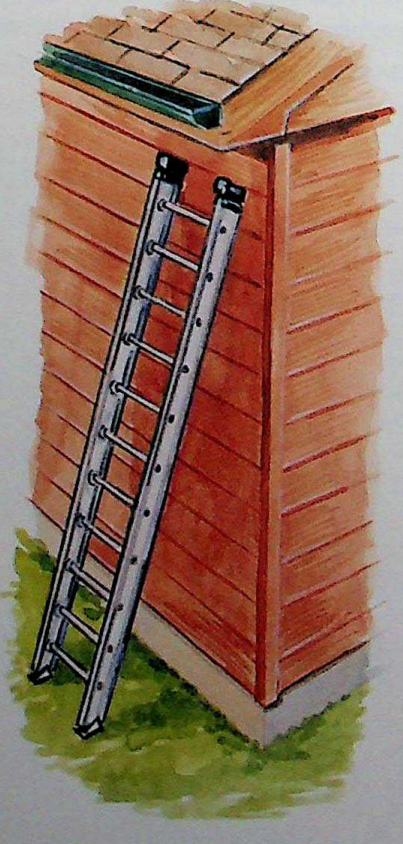
Careless use of power tools – particularly those with exposed blades such as saws and angle grinders – are one of the most common causes of domestic accidents.

Tools that have become blunt over time are also dangerous – they can easily slip off materials and injure the user. Always keep tools sharpened and in good repair and keep your work space tidy.

If the household circuits are not fitted with safety switches, use your power tools with a power board fitted with an earth-leakage detector unit. When using tools such as electric drills, grinders and saws, wear clothes without loose ends such as buttoned or rolled cuffs so that they do not get caught in moving parts. Otherwise, wear overalls or an apron. When sanding timber or using glues, strippers and paints, work in a well-ventilated area and wear a face mask.

Always wear protective glasses or goggles when welding, drilling, grinding and sanding masonry and timber. Special care is needed when using ammonia, caustic soda, acids and paint thinners. Wear rubber gloves, protect your clothes with overalls or an apron, avoid spills, and wash any spillage from your skin immediately.

When working on a ladder make sure it is set on a slope of four in one – in other words, for every metre in height the ladder should be set out at least 250 mm. Make sure the ladder is adequately supported at the base – do not set it up on a soft or slippery surface. Use a step ladder in the fully open position and avoid climbing higher than the third rung from the top.



Ensure that the base is approximately one quarter of the ladder's height away from the wall.

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DURING AN ELECTRICAL STORM...

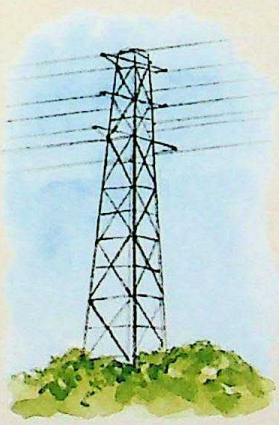
Avoid these places

If you are caught out in the open during an electrical storm and cannot seek shelter inside a building or a metal-roofed car there are a number of places that will provide better protection than others. Apart from the places shown here, avoid sheltering under an isolated tree or by a metal fence.

Exposed hilltops

Exposed buildings

Exposed spaces



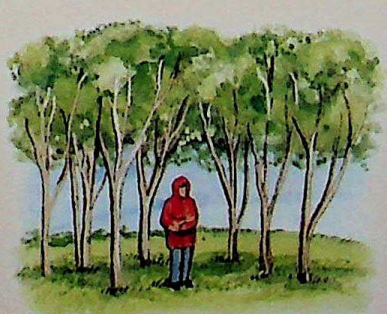
Electricity pylons

Seek out these places

The safest places to seek shelter during a storm are shown here. For treatment for lightning strike see page 146.

A tree – but well away from the trunk

Overhanging cliffs



A grove of trees of about the same height

A hollow in the ground

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UNDERSTANDING ALCOHOL AND OTHER DRUGS

Know where you stand in relation to alcohol and other drugs, including:

- The effects of heavy drinking
- Tolerance and dependency
- Where to go if you have a problem
- Misuse of other drugs including amphetamines, cannabis and heroin
- Children and drugs

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When drinking becomes a problem

Drinking alcohol in moderation does no harm to most people. But it is important to remember that alcohol *is* a drug and that regular and excessive drinking can cause health, personal and social problems.

Having a couple of drinks is an enjoyable way of relaxing for a large section of the population, but for some people even the short-term effects of alcohol can cause problems. Most common among these is the adoption of an aggressive or uninhibited attitude which can lead to reckless behaviour, such as driving a motor car while under the influence or participating in unsafe sex, and – next day – the inevitable experience of a bad hangover which may affect work performance.

Regular drinking can also cause long-term health problems such as stomach and liver disorders. The potential for these disorders and other problems such as brain damage is increased with binge drinking, when someone drinks heavily over a few hours or drinks continuously over several days or even weeks.

Alcohol as a drug

Technically, alcohol is classified as a depressant drug because it slows down the activity in sections of the brain and nervous system. As it does not need to be digested, it passes straight into the bloodstream from the walls of the stomach and the intestine. The effect alcohol has on the drinker depends on the individual and may vary according to:

- *How much and how quickly the alcohol is consumed.*
- *The person's size and weight. The proportion of fat to lean tissue is important as alcohol is absorbed evenly by all tissues in the body except fat.*
- *The state of the drinker's health, particularly how well the liver works.*
- *The occasion on which the alcohol is consumed – for example, with a meal, alone or at a party, after hard physical exercise.*
- *Whether the alcohol is consumed with other drugs.*
- *Age and sex – children, young people and women are usually more affected by alcohol than adult men. They become intoxicated more quickly and remain intoxicated longer because they tend to have lower body weights, smaller livers and a higher proportion of fat.*

The immediate effects the drinker may feel include relaxation, loss of social inhibitions, slower reactions, dizziness, blurred vision and slurred speech. Heavy drinking over a short period of time can cause a hangover, headache, nausea, shaking and possibly vomiting.

What others see

The effects of overindulgence are more visible to others than to the drinker. Depending on how much has been drunk, alcohol impairs physical coordination, judgment and balance, which can lead to accidents, especially car accidents. It may exaggerate feelings of depression, guilt, low self-esteem, anxiety and anger so that, depending on personality, the drinker may become very talkative or behave in an offensive and sometimes violent manner.

Heavy drinking manifests itself socially as well. It reduces the ability to think clearly and affects the way drinkers relate to others. This can create a number of dangerous situations where the drinker may be vulnerable to exploitation. It can also lead to serious relationship problems as drinking is often associated with violence and abuse, particularly when the drinker spends most of his or her income on alcohol. Poor work performance and workplace accidents are other alcohol-related problems.

When an overdose occurs

Society's often less-than-serious attitude to drunkenness helps to disguise the fact that some people overdose on alcohol in the same way that other people overdose with other drugs. Alcohol can cause coma or death by interfering with the brain's control over breathing, although people usually pass out before this happens. An overdose is more likely to happen if alcohol has been consumed with depressant drugs such as minor tranquillisers or heroin.

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To treat someone who has overdosed on alcohol:

- *If the victim stops breathing, start expired air resuscitation (EAR) at once (see page 14).*
- *If the victim is unconscious but still breathing, use your finger to clear any obstruction from the mouth and throat.*
- *Do not try to induce vomiting. An unconscious victim could choke on their vomit.*
- *Turn the victim onto the side, with the head facing slightly downwards (see pages 12–13).*
- *Loosen clothing and ensure that the airway is clear. Be especially careful to check that the tongue has not fallen back to block the windpipe.*
- *Call an ambulance if the victim vomits persistently or remains in a state of excitement or agitation.*
- *Call an ambulance if the victim is a diabetic, or if they have been mixing alcohol with other drugs.*

Knowing when enough is enough: recommended limits

Alcoholic beverages vary greatly in strength, ranging from just 0.9 per cent of pure alcohol to 60 per cent. To work out your alcohol intake, and to make it easier to stick to a sensible limit, you need to convert what you drink into what are known as standard drinks. Each standard drink contains approximately 10 g of alcohol (based on the average percentage of alcohol per volume for each type of drink). Bottles and other containers often identify on the label how many standard drinks they contain – a bottle of wine, for example, usually contains between seven and eight standard drinks.

In general, one standard drink is equal to: a 425 ml glass of light beer; a 285 ml glass of full-strength beer; a 100 ml glass of wine; a 30 ml nip of spirits.

Many countries' health councils have produced guidelines for sensible drinking (see the table on page 268).

THE LONG-TERM EFFECTS OF HEAVY DRINKING

Heavy drinking over a long period of time eventually leads to ill health, and damage to some organs of the body can be permanent. Medical problems are usually accompanied, or preceded, by the social, family and workplace problems associated with alcoholism (see 'What others see', opposite page).

Alcohol-related disorders

Some of the most common problems associated with alcohol abuse include:

■ Liver damage. The poisonous action of the alcohol causes a drinker's liver to become dangerously fatty. Some people recover if they stop drinking alcohol altogether; others may develop dangerous complications such as hepatitis and cirrhosis.

■ Chronic gastric, pancreatic and anaemic disorders.

■ Damage to the central nervous system. This can result in the heavy drinker experiencing a 'tingling' sensation in the extremities and loss of feeling in hands and feet.

■ Brain damage. Memory loss, general mental confusion, impaired ability to learn new things and, sometimes, hallucinations, are all associated with alcohol-related brain damage.

■ Difficulties during or after pregnancy. Medical research has established a clear link between problems in pregnancy and consumption of alcohol. Statistics show that expectant mothers who drink face a greater risk of miscarriage, stillbirth and premature birth than those who avoid alcohol. The safest approach is not to drink at all, especially during the first three months of pregnancy when the foetus's organs and limbs are forming.

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It is generally recommended that you have at least two alcohol-free days a week no matter what your average intake.

Men:

- Up to four standard drinks a day – *low risk*.
- Four to six standard drinks a day – *medium risk*.
- More than six standard drinks a day – *harmful*.

Women:

- Up to two standard drinks a day – *low risk*.
- Two to four standard drinks a day – *medium risk*.
- More than four standard drinks a day – *harmful*.

Drinking and driving

Alcohol adversely affects driving ability because it impairs judgment, coordination and balance. Many countries impose a legal limit for drinking and driving, and inflict harsh penalties on those found over the limit. Some countries apply a stricter limit to provisional drivers, learner drivers, new drivers under 25 for the first three years of driving, and professional drivers such as bus, taxi and truck drivers.

The amount of alcohol in your blood depends in part on how much you drink and the period over which you have been drinking. But other factors come into play, making it difficult to calculate how many drinks will put a person over the legal BAC limits (blood alcohol concentration, or BAC, is a measure of the amount of alcohol in a person's blood). Some people – including most women and those who drink on an empty stomach – will be over the legal limit much sooner than others.

To keep under the common legal limit of 0.05, as a rough guide you should have no more than two standard drinks in the first hour and then restrict yourself to one per hour. If your country's law imposes a lower limit, it is best not to drink at all; just one standard drink could be enough to put you over the legal limit.

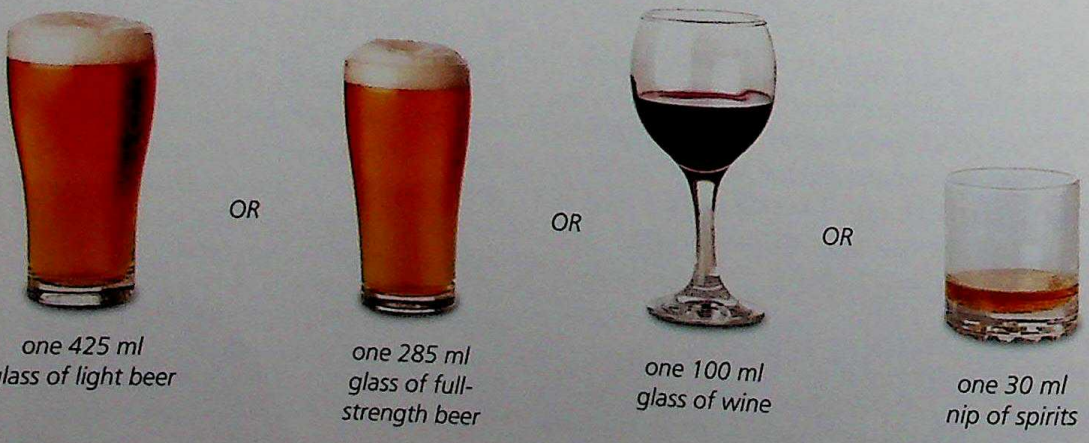
Tolerance and dependency

Most people gradually develop a tolerance to alcohol, so that if they are regular drinkers they are likely to require increasing quantities of the substance to achieve the same effects.

A person is said to be dependent on alcohol when drink becomes central to the person's thoughts, emotions and activities. Drinking ceases to be pleasurable, and the dependent drinker comes to rely on alcohol simply to stay 'normal' – to cope with the minor stresses and anxieties of everyday life. Someone with this level of dependency will find it very difficult to stop drinking and may desperately crave alcohol while trying to do so.

Dependency can be influenced by such factors as the drinker's environment, the individual's personality, the drug itself, or a combination of these. For example, family problems, a stressful occupation, peer-group pressure, depression, or simply

Each standard drink (below) has about the same amount of alcohol. A low-risk intake is up to four drinks a day for a man, up to two for a woman.



one 425 ml glass of light beer

one 285 ml glass of full-strength beer

one 100 ml glass of wine

one 30 ml nip of spirits

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SELF-ASSESSMENT: HOW DO YOU MEASURE UP?

The following checklist can help to indicate if you or someone in your family has developed a dependence on alcohol.

Legal problems Have you ever been detained, arrested or convicted for any alcohol-related offences?

Financial problems Do you spend a substantial part of your income on alcohol or have you been in debt because of your drinking?

Physical health Have you ever been told by your doctor that your drinking is damaging your health? Have you consulted a doctor or hospital for an alcohol-related health problem such as hepatitis, fits or memory loss? Do you suffer from a hangover once a week or even more often?

Mental health Have you ever had blackouts (memory losses) or flashbacks as a result of alcohol use? Do you use alcohol to deal with feelings of anger, frustration, anxiety or stress? Have you ever felt depressed or even suicidal and used alcohol to block out the pain?

Relationships Do any of your close friends or relatives complain about your drinking? Have you ever neglected your obligations to your family or employer because of your drinking?

Work/study Have you ever resigned from a position or changed jobs because you were in trouble (or likely to be) through drinking, or has drinking ever affected your work performance – have you taken 'hangover' sick days, been late or missed appointments?

If you answered 'yes' to any of the above questions, you may be developing a dependence or you may have already become dependent on alcohol. Make the decision to see your doctor or find a help organisation such as Alcoholics Anonymous (see 'Where to go if you have a drink problem', page 270).

an overwhelming, irresistible craving for drink all have some effect on the level of alcohol dependency.

Sometimes drinkers drink excessively in certain situations only and can go for long periods without drinking at all. Others rarely become obviously drunk but keep 'topping up' with small quantities of alcohol from morning to night.

Withdrawal symptoms

A serious alcohol problem is sometimes not noticed until the person stops drinking, or drastically cuts back suddenly. When this happens, the drinker may begin to feel a number of withdrawal symptoms. These usually start to appear between 6 and 24 hours after the last drink and become progressively worse over a period of 2 to 12 days. Early withdrawal signs include perspiration, trembling hands, raised pulse and blood pressure, restlessness, anxiety, disorientation, nausea, vomiting, confusion, depression and insomnia.

Seizures may occur in the early stages, and severe cases will progress to the violent seizures known as 'delirium tremens', in which a person becomes severely agitated, extremely confused and disoriented, and almost continuously active. A very high body temperature is accompanied by an abnormally rapid heart-beat, and bizarre delusions and frightening hallucinations are also not uncommon. The person may become violent.

This stage of alcohol withdrawal usually lasts for three or four days and may result in death due to very high fevers, cardiovascular collapse or traumatic injury. For this reason heavy drinkers should not stop drinking suddenly without first seeking medical advice. The wisest course is for them to enter a hospital or a detoxification unit for expert treatment.

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Living with an alcohol-dependent person

Living with someone who is dependent on alcohol can be very stressful, but there are a number of things you can do to encourage positive thinking for yourself and to assist you through difficult times.

First, contact relevant organisations to get as much information as you can about the problem. Then, marshal your common sense, courage, responsibility, calmness, patience – and your sense of humour. Here are some more specific tips:

- *Realise that you cannot stop a dependent drinker from drinking; he or she must make that decision.*
- *Seek emotional support from people who understand the difficulties you are experiencing.*
- *Take care of those aspects of your life that have become neglected; for example, re-establish other relationships that may have taken a back seat.*
- *Do not put your own mental and physical well-being at risk. Angry slanging matches may reduce a drinker's self-esteem even further and provoke violence.*
- *Spend time away from the drinker.*
- *Do not bargain in an effort to stop the drinking. Do not ask the person to demonstrate their love or concern for you by giving up alcohol. Similarly, do not threaten to leave unless you are prepared to carry out the threat.*
- *Do not try to stop the drinking by suddenly withdrawing alcohol. This can destroy trust and could also lead to a withdrawal crisis requiring medical help.*
- *Do not cover up for a drinker who owes money or who is not meeting family or work commitments. Making life easier will only encourage irresponsible behaviour.*

Seeking outside assistance

Encourage the alcohol-dependent person to see a doctor, or to join Alcoholics Anonymous and perhaps offer to go with him or her to a meeting.

Other organisations provide help and support for the families and friends of people with alcohol problems. If, at times, you feel that things are getting out of hand, seek their assistance. You may also want to see a counsellor or talk to your doctor.

WHERE TO GO IF YOU HAVE A DRINK PROBLEM

Withdrawal from alcohol can lead to serious health complications, so if you want to stop drinking, do not be tempted to go 'cold turkey' by yourself. Instead, seek medical advice.

Your doctor's role

A doctor will not only evaluate the state of your health, but will assess the level of support you have from family and friends, and whether you are psychologically prepared to go into withdrawal. This assessment forms the basis for a treatment plan that is agreed upon by you and the doctor. Treatment usually involves being admitted to hospital and being closely monitored while taking prescribed medications to counter the effects of withdrawal.

Organisations that can help

Help for an alcohol-dependence problem is as close as the telephone. Organisations that can help you or your family can be found in the telephone directory. Look in the *Community Services* section, or in the alphabetical listing under *Alcohol Information and Treatment*. (Many of these organisations also offer help for those dependent on drugs other than alcohol.) Telephone numbers for counselling services and other prominent 'help' organisations are also listed at the back of this book.

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The risks of misuse

The misuse of any drug can have serious consequences. The user's behaviour patterns may become distorted, the risk of accidents tends to increase, and long-term distress may be created among the user's friends and relatives. A misused drug, of course, can also be fatal, usually through an overdose; most drug-related emergencies are caused by an overdose.

The greatest hazards arise from strong depressants. Depressants are drugs which tend to induce sleep and dampen down muscle activity. When taken in excess they may slow down the whole body system to the point where the user goes into a coma. In extreme cases, the drugs can kill by stopping the user's breathing.

Even if someone in a coma goes on breathing, he or she may choke to death on vomit, or suffocate because the tongue falls back and blocks the windpipe. The drugs most likely to induce coma are opiates such as heroin and morphine; minor tranquillisers (benzodiazepines); alcohol; and the inhaled fumes of solvents, glues, lighter fuel and similar volatile fluids.

Death through coma is less likely to result from the other principal types of drugs. They include stimulants such as cocaine and amphetamines and hallucinogens such as LSD.

Whatever the risk of overdose and coma, all drugs are more or less intoxicating, depending on their strength and the dose taken. They can therefore greatly impair judgment and behaviour, resulting in serious accidents of all kinds.

LSD users, for example, might imagine that they can fly – and might jump to their death from a window in that belief. Large doses of cannabis can cause a confused mental state with hazardous disorientation lasting for several days. Massive amphetamine stimulation causes a 'blocked' mental state in which users lose their grip on reality and may commit crimes without regard for the consequences.

Injecting drugs

Injecting drugs directly into the bloodstream carries serious risks to the user, in addition to the risks of the drug itself. Unskilled injection may result in ulcers on the skin, collapsed veins or a potentially lethal internal blood clot (a thrombosis).

Users also often become victims of serious infectious diseases such as septicaemia, hepatitis and HIV/AIDS. These infections are caused by handling hypodermics carelessly, by using impure water to dilute the drug in the syringe or by sharing needles and syringes.

In general, injection into a vein is the most dangerous way of taking any drug, because the whole dose acts immediately on the body. Amphetamines, for example, have only a moderately harmful effect if they are swallowed, because digestion spreads the effect of the dose over several hours. If the same dose of an amphetamine is injected, though, the intensity of the resulting 'hit' increases.

Heroin is the most potent of all illicit drugs. The body develops a tolerance for larger doses, but if the user goes off the drug for a time, the tolerance is lost. As a result, a single injection of the addict's former dose can kill.

Dangerous 'cocktail' mixtures

The dangers of taking drugs are multiplied in practice because those which appear on the street have often been mixed with other substances in order to increase the supplier's profit.

The additives or impurities may themselves be poisonous or contaminated with disease organisms, or they may be quite unsuitable for the use to which the drug is put. For example, out of desperation, a user may decide to inject impure heroin (suitable only for smoking) with unpredictable toxic effects. Equally, an additive may induce nausea and vomiting – with lethal consequences for a drowsy user.

A grim variety of junk products circulate on the streets and are passed off by dealers as pure drugs. Users generally have no way of knowing quite what it is they are taking, or how strong it is – or as a result, what doses of the substance their bodies can tolerate.

Users themselves may mix drugs into cocktails with disastrous consequences. For example, a minor tranquilliser or an

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alcoholic drink may be taken to try to come down from a stimulant.

But drugs – even those with opposite effects when taken singly – do not necessarily counteract each other when they are taken in quick succession. In some circumstances, they can combine to increase intoxication – with unpredictable and possibly tragic results.

Different drugs affect the body's chemistry in different ways. LSD, for example, rarely produces an overdose, probably because it acts like a trigger on the brain. Once the chemical trigger has been pulled, extra amounts of the drug have little effect. Taking two or three times the normal dose, therefore, may not significantly alter the user's experience.

With glues and solvents, however, there is a very narrow margin of safety between the dose the user needs to achieve a 'high', and a dose that could threaten his or her life. While a single dose – consisting, perhaps, of a few deep sniffs – may only intoxicate, a double dose could be fatal by stopping the breathing.

Overdose: a constant threat

The size of a dose of any drug is no guarantee of immunity from an overdose because drugs do not always act on different individuals in the same way. A single aspirin, for example, may cause acute stomach pain in some people. Others are hypersensitive to cocaine and may collapse in life-threatening shock immediately after sniffing the powder. There is no amount of any of these drugs that can be taken in complete safety. On the other hand, prescribed drugs used according to a doctor's and manufacturer's instructions are remarkably safe.

Age, weight and general health also play a part in determining what effect a given dose will have. In general, an older or less healthy person runs a greater risk of suffering from an overdose than fit people in their late teens or early twenties. Similarly, the bigger the user, the more diluted the dose becomes in the body. So someone who is physically large and heavy is likely to be less affected by a given dose than someone who is small and slight.

How the drug is taken makes a difference, too. A dose that is injected has a far more dramatic effect – and thus carries a greater risk of overdose – than the same quantity sniffed, smoked or eaten. A user who buys drugs on the street has no reliable way of knowing what is being sold, or how strong it is. The drug is likely to have been 'cut'– or mixed – to an unknown degree in order to boost the seller's profit.

The additive may itself be poisonous or it may be a cheaper drug which may magnify the effects of the drug it has been mixed with, affecting in an unpredictable way the chances of an overdose.

Your children: dealing with a drug problem

Drug abuse by a child or teenager may come to light before an emergency arises. Your suspicions may be aroused, for instance, by an unexpected change in your child's behaviour patterns or by his or her poor performance at school.

Faced with evidence of drug-taking, it is best not to overdramatise the situation. Bear three major aims in mind:

- *Try to keep on good terms with your child, who will often be the only person able to tell you what is going on.*
- *Try to establish some firm facts about the drug or drugs being used. Are they smoked, swallowed, injected or inhaled? Do they stimulate or relax? For how long and how frequently have the substances been taken?*
- *Consult your family doctor, who may be able to advise on the most sensible policy for coping with the problem. If the situation is serious, your doctor may refer you to a drug clinic, community health centre or to a hospital where specialists will advise on treatment.*

Drug abuse among young people is widespread in the community. Sometimes a youngster succumbs to temptation simply because of peer-group pressure, to be 'one of the gang'. In this case, a full and frank explanation of the dangers may be enough to stop him or her using drugs again. Never go behind your child's back.

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Often, however, the problem has its roots in mental or emotional stress. All young people face difficulties in growing up, and drugs may appear to offer an easy solution to loneliness or anxiety. You should:

- *Try to be sympathetic and talk problems over. Direct the youngster's attention towards making friends away from the drug scene, and towards interests and activities which will help boost confidence.*
- *Try to arrange regular events or activities that provide something to look forward to, so that your child does not slip back into depression or anxiety.*
- *In cases of long-term addiction, expert help may be needed to cope with withdrawal symptoms. But the care and attention of friends and family remain essential. Even when 'cured' at a drug addiction clinic, many addicts return to their habit after release.*

The drugs most commonly misused in Australia and New Zealand are described in detail below.

AMPHETAMINES

Amphetamine tablets and capsules, all approximately actual size

When prescribed by doctors, amphetamines and other stimulants come in the form of tablets or capsules. Shapes and colours vary greatly. Many of these legally issued pills find their way onto the streets.

A white powder, amphetamine sulphate, is also sold by dealers. This is often diluted with other substances such as chalk or talcum, and it is sometimes passed off to customers as cocaine. Proprietary names include Dexamphetamine, Ritalin and Tenamfetamine; they are popularly referred to by such names as speed, ox-blood, MDMA (ecstasy), pep pills or uppers.

Tablets and capsules are swallowed while amphetamine sulphate powder may be sniffed, swallowed, or dissolved in water and injected.

The drugs' effects

The short-term effects of amphetamines include heightened mental and physical activity. Users may feel that they have no need for sleep, and may lose their normal inhibitions. The drugs cause dryness in the mouth, so users often develop a very strong thirst.

Excessive or repeated doses result in a sense of detachment from reality, sometimes accompanied by delusions. As the stimulation wears off, a depressed reaction sets in. The 'hangover' may be severe and persistent, leading to craving for another dose. The drugs become habit-forming, and dependent users often experience acute craving, depression and anxiety when supplies are cut off.

Moderate stimulation produces talkative, erratic and restless behaviour. The user may sound hoarse, and may drink much more than normal. Larger doses 'block' an awareness of reality. The user may stop communicating with other people, and may become accident-prone. Users also lose awareness of the consequences of their actions and may commit crimes or become violent.

A craving for stimulants may force a user to plead or beg for money, and there may be evidence of pilfering at home.

When an overdose occurs

In an overstimulated or 'blocked out' state, there may be extreme restlessness, irrational acts, outbursts of frustration, hysteria and delusions. Physical symptoms can include a faster-than-usual pulse rate, fast breathing, twitching and even fits. If persistent, the whole body temperature may rise. If someone has overdosed:

- *Make sure that no more stimulants – or any other drugs – are taken.*

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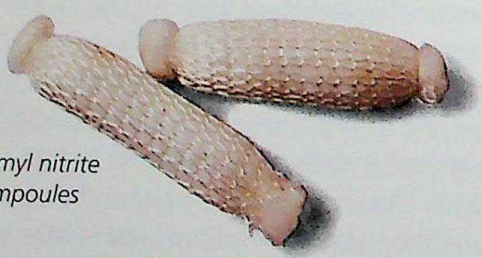
- *Keep the victim away from bright lights, loud noise and fast movement – all will intensify the crisis.*
- *Try to calm the victim and keep a constant watch on him or her to prevent accidents. With a violent victim, some physical restraint may be necessary.*
- *Seek medical advice by telephoning your doctor or a hospital. If the victim is taken to hospital, doctors may administer a stomach wash-out to remove any drugs not yet absorbed. In severe cases, the overdose takes several hours to wear off, and the doctor may give a sedative.*

AMYL NITRITE



Amyl nitrite ampoules

Amyl nitrite is a clear liquid contained in ampoules or small, dark glass bottles; ampoules are usually sheathed in a cotton cocoon. It is generally used to increase pleasure during sexual activities. Medically, it is used to treat angina pectoris (chest pain due to insufficient oxygen reaching the heart muscle).

Proprietary names include Anginine and Nitradisc, while popular names are ammies, rush or poppers.

The user either sniffs from the open bottle, or the glass ampoule is crushed so that the volatile liquid soaks into the cotton covering. The vapour is then inhaled.

The drug's effects

Users experience an intoxicated 'high'. However, the state often requires several ampoules to attain, and it is often accompanied by a pounding headache.

Users appear to be drunk, elated or confused. The skin often becomes flushed, and the user may complain of having a headache. The liquid also has a very distinctive ether-like smell which may linger about the user.

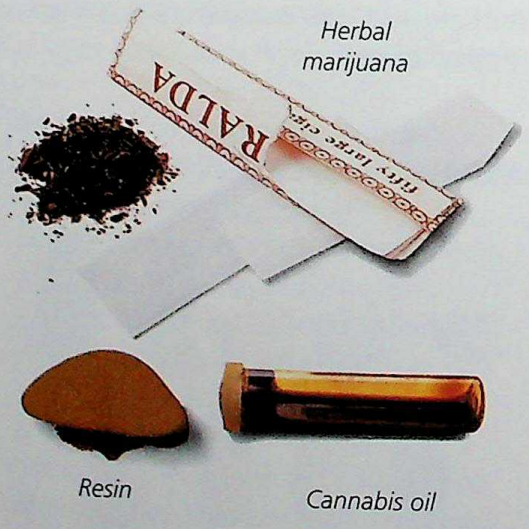
When an overdose occurs

An excessive dose results in intensified symptoms. The headache may cause anguish and the skin can appear to be brightly flushed.

Staggering, incoherence and other symptoms of intoxication all become worse. In a very severe case, the user may suffer temporary collapse and may have difficulty in breathing. If someone has overdosed:

- *Apply expired air resuscitation (EAR) at once if the victim stops breathing (see page 14). If resuscitation is necessary, get medical help at once. Otherwise, stay with the victim to prevent accidents happening while he or she is intoxicated.*
- *Wait for the drug's effects to wear off – that should be within about 30 minutes, provided no other drugs are involved.*

CANNABIS



Herbal marijuana

Resin

Cannabis oil

Cannabis is the most widely used illegal drug. It is usually available in three forms – herb, resin and oil. All are derived from the hemp plant *Cannabis sativa*.

The dried-up flower and leaves of the plant – usually referred to as marijuana, pot, grass or dope – are rolled and smoked. Its colours range from greyish-green to greenish-brown. Its texture can be fine, like dried herbs, or coarse like tea.

The resin of the plant is a stronger form of cannabis and is known as hashish. It is pressed into small blocks and sold in solid

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pieces which range in colour from light-brown to nearly black. Usually the hashish is mixed with tobacco and smoked or used in food and eaten.

Cannabis also appears as an oil extract called hashish oil. It is the most potent cannabis product and it ranges in colour from golden brown to nearly black. It is often spread on the tip or paper of cigarettes and smoked.

Cannabis is usually smoked in hand-rolled cigarettes ('joints') or water pipes ('bongs'). The chemical in cannabis which makes the user 'high' is called THC (Delta-9 tetrahydrocannabinol). When smoked, the THC is quickly absorbed into the blood-stream through the walls of the lungs and taken to the brain. The high effect of the drug may be felt within a few minutes, and can last up to five hours. The amount of THC which gets into the bloodstream depends on the potency of the cannabis.

Cannabis can also be mixed with food such as cakes and biscuits and eaten. The resulting effects of THC may take over an hour to occur and can last for between four and seven hours.

The drug's effects

The effects of cannabis vary according to a number of factors, including: the amount and strength of the cannabis taken; the way in which cannabis is taken; the user's size and weight; the user's mood; the user's experience with cannabis; whether cannabis is consumed with other drugs; and whether the person using cannabis is alone or with other people.

Cannabis is a depressant drug and in low doses makes the user feel relaxed and euphoric. Other effects include a loss of inhibitions, increased heart rate, loss of concentration and impaired coordination. In large or strong doses these effects are stronger and the user's perception of time, sound and colour may become distorted. Other effects of large doses include confusion, restlessness, hallucinations, anxiety or panic. Cannabis also affects short-term memory, logical thinking and the ability to perform complex tasks such as driving. These symptoms usually disappear when the drug's effects wear off.

The eyes of the user are often red and the person may talk or laugh more than usual. Other behaviour patterns include increased appetite, reflective feelings and sleepiness.

A number of research studies have come up with a list of common findings on long-term effects in some frequent and heavy cannabis users. These include:

- *Increased risk of bronchitis, lung cancer and respiratory diseases. This is because there is a high content of tar in marijuana cigarettes. And cannabis smokers tend to draw more deeply into their lungs.*
- *A change in motivation. Some frequent and heavy users, especially young people, find they begin to lose energy and drive, and interest in other activities.*
- *Decreased concentration, memory and learning abilities. These effects can last for several months after cannabis use stops, but they do seem to be reversible.*
- *A lowered sex drive, and reduced sperm count or irregular menstrual cycles.*
- *Psychological disturbances.*

Frequent use of high doses of cannabis may produce mild tolerance. In other words, the person needs higher doses of cannabis to achieve the same effects as they used to get using smaller amounts.

With regular use, psychological dependence can develop with cannabis becoming central to a person's thoughts, emotions and activities. Physical dependence may develop in those who use cannabis frequently and in large doses. If the person has become physically dependent on cannabis, then there will be some mild withdrawal symptoms if they decide to stop or cut down. These usually consist of flu-like symptoms such as loss of appetite and weight loss, sleep disturbances, irritability, anxiety and restlessness.

When an overdose occurs

Although there have been no recorded deaths where cannabis has been the direct cause, very high consumption of cannabis can be indirectly fatal through accidents caused by the anxiety or panic, paranoia, disorientation and hallucinations brought on by heavy use of the drug. Cannabis can

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also be dangerous when combined with other drugs such as alcohol – the effects of cannabis are intensified, often in unpredictable ways. If someone has overdosed:

- *Stop him or her from taking any more cannabis. Calm and reassure the person.*
- *Take care to prevent accidents.*
- *Seek medical attention urgently if the person is having delusions, or his or her behaviour becomes severely disordered.*

COCAINE

An individual dose of cocaine, actual size

Cocaine is usually sold on the streets as a fine white powder wrapped in small pieces of paper or plastic. Because pure cocaine is extremely expensive, most doses are mixed with other substances.

The drug is commonly referred to as coke, snow and rock. Individual doses are referred to as snorts. The powder is most commonly sniffed ('snorted'), but it may also be dissolved in water and injected.

Cocaine in its powder form cannot be smoked because the drug is destroyed when burnt. An extract of cocaine, known as freebase cocaine, can be smoked and results in quicker effects. 'Crack' is a type of freebase cocaine sold as small crystals, or 'rocks'. It is usually smoked.

The drug's effects

Cocaine increases the heart rate and makes the person more alert and energetic. Large doses may give hallucinations. The user's mood may appear to brighten and his or her behaviour may become uninhibited. The person may seem mildly intoxicated or become accident-prone. Behaviour can also be erratic and may extend to violent outbursts. A depressed reaction sets in as the effects of the drug wear off. Depression is relieved by a further dose, so the drug becomes habit-forming.

Cocaine tends to dry out the lining of the nose, and some users develop sniffing as a nervous tic. An intensely depressing hangover is often experienced on the morning after taking the drug. When those dependent on cocaine stop using the drug or severely cut down, they may experience deep depression, nausea, shaking fits, suicidal feelings and cravings for the drug.

When an overdose occurs

A few individuals are hypersensitive to cocaine, so that even a small dose may cause sudden collapse or shock due either to abnormal heart rhythms or epileptic seizures. In any individual, an overdose may produce irregular heartbeats, heart failure, burst blood vessels in the brain, delusions, suspicion and fear of persecution. If someone has overdosed:

- *If a user collapses suddenly, call a doctor or ambulance immediately.*
- *For the treatment of shock see page 169, and of epileptic seizures page 92.*
- *Prevent any more drugs being taken and try to calm and reassure the victim.*
- *Keep him or her away from bright lights, loud noise or fast movement, and keep watch to prevent accidents.*

GLUES, SOLVENTS, LIGHTER FUEL

Many household and industrial products are based on solvents which give off intoxicating vapour. These include a wide range of glues, thinners, varnishes, spirits, paint strippers, dry-cleaning fluids, nail varnishes and nail-varnish removers. Petrol and lighter fuel have similar properties.

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Glues and solvents are either sniffed or inhaled by mouth. Sometimes the vapours are obtained directly from a tube, tin or aerosol spray. More often, the vapours are inhaled from a plastic or paper bag into which the glue has been poured, or from a cloth which has been soaked in the fluid.

The drugs' effects

The user feels a rapid intoxication which relaxes and sedates like alcohol, and which may include hallucinations. Drowsiness or drunken stupor may follow.

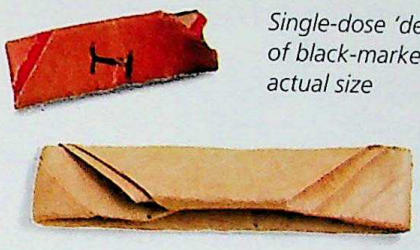
The user may display mild intoxication resembling drunkenness, with staggering and slurred speech. There will usually also be a strong smell of the vapour inhaled. Spilt glue, impregnated cloth or discarded plastic bags are all signs that a product may have been misused.

When an overdose occurs

Severe intoxication may lead to heart failure (known as 'sudden sniffing death') or choking on vomit. Other dangers include accidents through falls or drownings and suffocation from plastic bags. If someone has overdosed:

- *Remove the source of the vapour at once. In a room, open doors and windows.*
- *Clear any obstruction from the mouth, and apply expired air resuscitation (EAR) at once if breathing stops (see page 14).*
- *If the victim is unconscious or comatose, turn him or her onto the side at once (see pages 12–13). Then call the emergency services and ask for an ambulance.*
- *If the victim is conscious but disorientated, watch him or her closely. If the person's condition deteriorates or fails to improve within five minutes, call an ambulance.*
- *Take special care to avoid fire risks. Many glues and solvents are flammable – or even explosive – as well as intoxicating. This is a special risk where petrol or lighter fuel has been used: even a spark from a faulty electrical appliance or light switch could ignite the vapour.*
- *Keep watch to prevent accidents while the victim remains under the influence.*

HEROIN



Single-dose 'deals' of black-market heroin, actual size

Heroin is usually sold in powdered form. It is a derivative of opium, and although the refined powder is white, it often appears brownish-yellow because of impurities. It is known as horse, smack or hammer. A dose is referred to as a fix or a hit.

The drug is usually taken by injection, with the powder dissolved in water. Users generally inject either directly into a vein (a practice known as 'mainlining') or under the skin ('skin popping'). Heroin can also be smoked (known as 'chasing the dragon') or swallowed.

The drug's effects

The immediate effects of heroin include relief of pain, a feeling of well-being, nausea and vomiting, shallow breathing and sleepiness. People who are dependent on heroin continue to use the drug in order to remain 'normal' or to escape withdrawal symptoms.

The signs of intoxication are often slight. The user may seem merely withdrawn into a private world. Larger doses produce more marked drowsiness.

Scars of injection, known as 'tracks', may be visible on the user. These are commonly found on the inside of the forearms and the front of the elbows. There may also be ulcers, or the scars of healed ulcers.

Discarded syringes, needles and ampoules, or foil and tube (used for sniffing the smoke from the drug), may indicate that the drugs are being used. If supplies of heroin are threatened, the user is likely to exhibit acute withdrawal symptoms and to become frantic and violent. He or she may turn to crime to finance the purchase of more drugs.

Heroin can be very dangerous if mixed with other drugs, especially alcohol and

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minor tranquillisers. As all these drugs are depressants, their combination can slow down the body to the point where coma or death may result.

The signs of an overdose are:

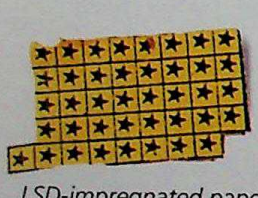
- *Deep coma, in which breathing continues but the victim cannot be woken.*
- *The pupils of the eyes are reduced to mere pinpoints.*
- *Breathing may also stop.*

When an overdose occurs

An overdose is a particular risk for someone who has been off drugs for some time: in hospital, for example, or in prison. A single injection within days of discharge can kill, because the body can no longer tolerate doses to which it was previously accustomed. If someone has overdosed:

- *Call the emergency services at once.*
- *If breathing stops, immediately clear any obstruction from the mouth and throat and apply expired air resuscitation (EAR) (see page 14). Continue until breathing restarts, or until medical help arrives.*
- *If the victim is breathing but unconscious, check that the airway is clear and place him or her on the side (see pages 12–13).*

LSD / OTHER HALLUCINOGENS



LSD-impregnated paper

Magic mushrooms (dried)

Black market LSD pills

LSD microdot tablets

Lysergic acid diethylamide (LSD) and other chemical hallucinogens usually come in the form of tablets or capsules. Shapes, sizes and colours vary greatly, and include tiny microdot tablets and squares of gelatine or impregnated blotting paper.

Mescalin, obtained from the Mexican peyote cactus, is sold in small, dried, brown portions of the plant. Some fungi – often sold in dried form – contain hallucinogens, and are known as magic mushrooms. LSD is commonly known as acid. Doses are referred to as tabs (from tablets). Other chemical hallucinogens are known by their abbreviated names, such as STP, DMT and PCP (also known as angel's dust).

The drugs' effects

Almost all hallucinogens are swallowed and the taker experiences a hallucinated 'trip', or sequence of disordered sensations. It starts about 30 minutes after the drug has been taken, and may last for four or more hours, depending on the dose. Sense impressions are distorted, and users may experience highly coloured dreams. Sometimes, these are nightmarish and include terrifying imagery and visions.

Few physical symptoms are visible. The user appears to be in a daydream or trance, but may describe his or her experience more or less coherently. The user may be prone to accidents through being detached from reality.

On a so-called 'bad trip', the user may cower from illusory terrors or try hysterically to escape them. Violent behaviour may result from imagined threats.

When an overdose occurs

True overdoses are very rare. However, excessive quantities of any hallucinogen will intensify or prolong an experience. The most common emergency results from a bad trip. This is when negative feelings dominate the experience. They are particularly common among first-time users.

The person may experience severe anxiety, terror or panic which can cause the user to injure themselves accidentally. If someone has overdosed:

- *If the victim is unconscious, clear any obstruction from the mouth and put him or her on the side (see pages 12–13).*
- *Stay with the victim to prevent accidents and stop him or her taking any further drugs. Some physical restraint may be necessary if the victim is violent.*

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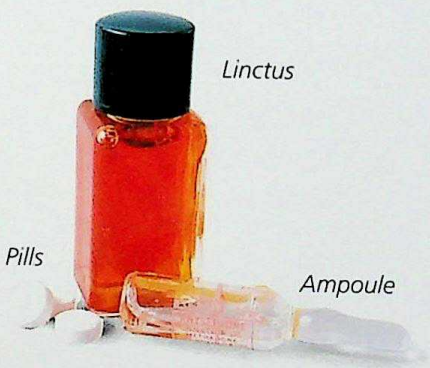
- *Keep the victim away from bright lights, loud noises and fast movement. Where possible, keep him or her in dim lighting and try to talk calmly and reassuringly until the worst is over.*
- *If the crisis lasts longer than four hours, seek medical help.*
- *If poisoning is suspected, call an ambulance immediately.*

METHADONE



Methadone usually comes as an amber syrup in small glass bottles. It is also available in tablet form or in small ampoules containing a clear solution. It is commonly referred to as 'done'.

The drug is legal only within a treatment program. The methadone program helps improve the health and lifestyle of people dependent on heroin and other opiates. The prescribed dose is given out as a syrup.

The drug's effects

Methadone has effects similar to those of heroin. The effects last somewhat longer, however. People who stop using methadone suddenly will experience withdrawal symptoms which can last up to a few weeks. These symptoms are similar to heroin withdrawal and include uneasiness, yawning, tears, diarrhoea, stomach pains, goosebumps, sleeping difficulties and a craving for the drug.

As methadone is prescribed to suppress withdrawal symptoms, there are usually no observable effects if the person is taking their prescribed dose. Overdose symptoms are the same as those of heroin and their treatment is also the same.

TRANQUILLISERS

Tranquillisers are manufactured as tablets and capsules of various shapes and colours. Some are also sold as syrup or in ampoules. Trade names of minor tranquillisers (benzodiazepines) include Serepax, Valium and Rohypnol; 'street' names include 'benzos' and downers.

Minor tranquillisers are usually swallowed. They act on the central nervous system, slowing down physical, mental and emotional responses. They also have a relaxing effect on the muscles. They are usually prescribed for a short period as people can become physically and pyschologically dependent on them.

Drug users often take them in dangerous combinations with alcohol, or in order to 'come down' after taking stimulants. Occasionally, the drugs are injected.

The drugs' effects

Users feel an easing of mental agitation and emotional stress. This can include relaxation, drowsiness, lethargy, sleep, slurred speech and loss of short-term memory. Chronic overuse of minor tranquillisers may lead to symptoms ranging from depression to lack of muscle and speech coordination.

Users display the characteristic symptoms of mild drunkenness, which may include staggering and clumsiness. Large doses, or smaller ones taken with alcohol, lead to confusion, drowsiness, slurred speech and uncoordinated movements.

Taking minor tranquillisers with other depressants such as alcohol or heroin can be very dangerous and could lead to coma and possibly death.

When an overdose occurs

If an overdose is suspected, immediately seek medical assistance.

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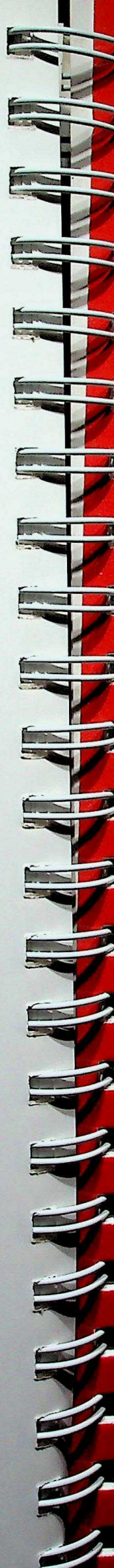

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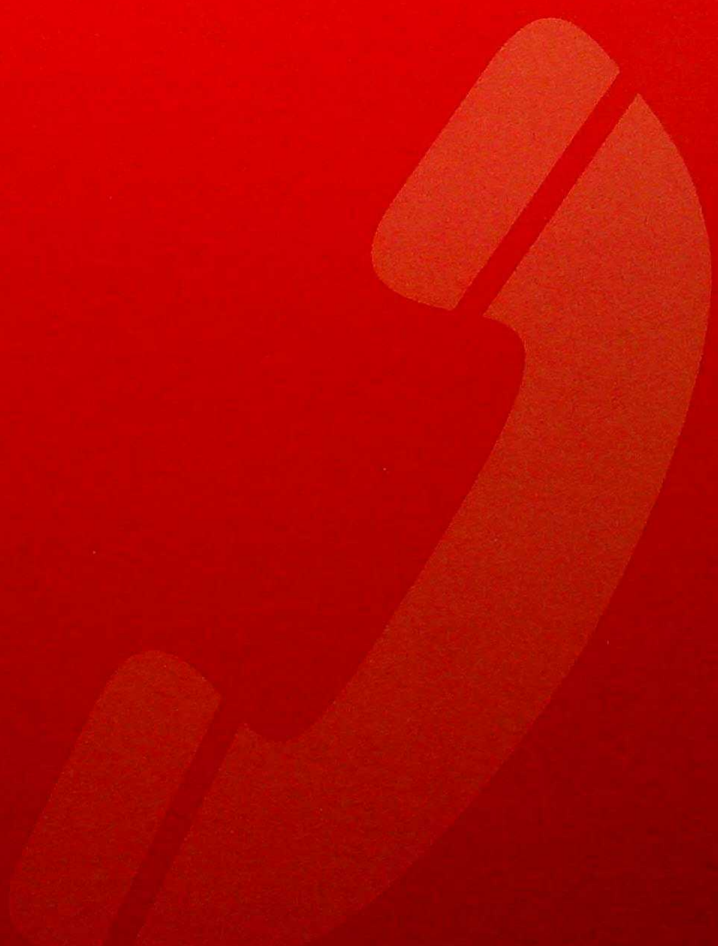
Gandhi Memorial College Of Education Bantalab Jammu

EMERGENCY SERVICES

Who to contact or where to go in an emergency, including:

- Details of hospitals with a 24-hour accident and emergency department
- Other useful 'support' telephone numbers
- Red Cross and Red Crescent services



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Gandhi Memorial College Of Education Bantalab Jammu

EMERGENCY SERVICES

EMERGENCY NUMBERS

Police: **100**

Fire: **101**

Ambulance: **102**

In a serious emergency, when a person has been involved in an accident or has been taken ill suddenly, dial the emergency ambulance number. If the problem is less urgent, however, it is best to phone your doctor or local hospital to ensure that the emergency lines are kept free for life-or-death calls.

Sometimes, there may be a need for the police, fire brigade and ambulance all to attend, for example in a road accident where a car is on fire, but you will need to contact one service initially. If it is a life-threatening injury or illness, choose the ambulance service first.

Hospital or doctor's surgery?

If the injury or illness is not life-threatening but involves pain or disability for the victim, you have a choice of either visiting the local medical practice or going to a hospital Accident and Emergency Department. It is best to see your regular doctor if possible because this provides for continuity of treatment and takes into account any previous illnesses or accidents, and any treatment or medication currently prescribed. If it seems likely that the victim will be admitted to hospital for treatment, for example with an extensive burn, it may be best to go to the nearest hospital Accident and Emergency Department where you can be sure that a range of medical specialists will be available, if needed.

Keep in mind that many major hospitals have a heavy load on their Accident and Emergency Department, with ambulance cases arriving every few minutes. A major industrial or road accident may mean that other people with less urgent conditions must wait a considerable time to be seen by a doctor. Also, many local and community hospitals do not have an Accident and Emergency Department, and some of those may not have a doctor on the premises to treat an emergency condition.

If in doubt about what to do, save the victim unnecessary pain and distress by ringing the local medical practice and asking the receptionist for advice before attempting to drive the victim anywhere. Many medical practices are well equipped and staffed to treat a range of non-life-threatening but serious conditions, and it is worth finding out more about these facilities during a routine visit so that you can be better prepared for an emergency.

Hospitals with Accident and Emergency Departments are listed on pages 283 to 287.

Support groups

If a family member is diagnosed with a chronic condition, for example diabetes or multiple sclerosis, it is wise to contact one of the specialist support organisations to get advice and other assistance. They may, for instance, offer respite care, or be able to loan or hire out equipment.

A number of organisations have experienced counsellors whose help in a crisis – even over the phone – can be invaluable. Other groups offer practical help in the form of clothing and food, or general information on community resources.

A selection of support groups, counselling services and other helpful organisations is given on pages 288 to 293. For others, consult your local telephone directory.

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Gandhi Memorial College Of Education Bantalab Jammu

HOSPITALS

The following hospitals have Accident and Emergency Departments. Please note that the opening hours of these hospitals vary.

Calcutta

Beliaghata I. D. Hospital
Calcutta 700 010
350 1251
350 1252

B. C. Roy Polio Clinic and Hospital for Crippled Children
Calcutta 700 010
335 1969

Carmichael Hospital for Tropical Medicine
Calcutta 700 073
239 0900

Chittaranjan Seva Sadan and Sishu Sadan
Calcutta 700 026
475 1021
475 4584
475 5074

Calcutta National Medical College and Hospital
Calcutta 700 014
244 0122
244 0123

Dr B. C. Roy Memorial Hospital for Children
Calcutta 700 054
352 8101

Abinash Dutta Maternity Home
Calcutta 700 005
530 8504

Baranagar S. G. Hospital
Calcutta 700 090
557 3636
557 6246

K. S. Roy I. B. Hospital
Calcutta 700 032
412 2202
412 3257

Ruby General Hospital (24-hour doctor service)
Kasba, Golpark Em-Bypass
Calcutta 700 078
442 0291
442 6091
442 6576

Chennai (Madras)

Apollo Hospital
Greams Road
Chennai 600 006
827 7447
827 7449

Ayesha Hospital
Kilpauk
Chennai 600 010
642 2422

Balaji Hospital
Guindy
Chennai 600 032
234 3863
234 5282

Best Hospital
Kodambakkam
Chennai 600 024
483 2777
483 2781

Cancer Institute
Adayar
Chennai 600 020
235 0131
235 0241

Chennai Kaliappa Hospital
Raj Annamalaipuram
Chennai 600 028
493 6417

Child's Trust Hospital
Nungambakkam
Chennai 600 034
825 9601

Devaki Hospital
Mylapore
Chennai 600 004
499 2607
499 0788

Hande Hospital
Shenoynagar
Chennai 600 030
644 2517

H. M. Hospital
Teynampet
Chennai 600 018
499 6648

K. H. M. Hospital
Annanagar
Chennai 600 040
621 2218

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Gandhi Memorial College Of Education Bantalab Jammu

Kumaran Hospital
Kilpauk
Chennai 600 010
641 1860
641 3357

Madras Medical Mission
Mogapair
Chennai 600 050
625 9801

Malar Hospitals Ltd
Adayar
Chennai 600 020
491 4023

Miot Hospital
Vadapalani
Chennai 600 026
483 8729
483 9148

Mehta Medical Centre
Sowcarpet
Chennai 600 079
535 9190

M. R. Hospital
Aminijikarai
Chennai 600 029
483 7925

M. V. Hospital
Rayapuram
Chennai 600 013
595 4913 to 15

National Hospital
Beach
Chennai 600 001
511 405
511 408

Philips Hospital
Tambaram
Chennai 600 045
236 6569

St Isabel Hospital
Mylapore
Chennai 600 004
499 1081
499 1082

St Thomas Hospital
St Thomas Mount
Chennai 600 016
234 9446
234 9233

Sooriya Hospital
Saligramam
Chennai 600 093
483 3976

Swaram Hospital
Adayar
Chennai 600 020
491 2625

S. R. M. Hospital
West Mambalam
Chennai 600 033
483 2290

Sundaram Medical Foundation
Annanagar
Chennai 600 040
626 8844

Tamil Nadu Hospital
Tambaram
Chennai 600 045
237 7707

Teja Hospital
Ambattur
Chennai 600 053
638 5002

Trinity Hospital
Mylapore
Chennai 600 004
499 0880

The Guest Hospital
Kilpauk
Chennai 600 010
641 1656

Vijaya Hospital
Vadapalani
Chennai 600 026
480 2221

Wellington Hospital
Pycroft Garden Road
Chennai 600 006
827 5868

Mumbai (Bombay)

Bhabha Hospital
Bandra
642 2775
642 9828

Sant Muktabai Hospital
Ghatkopar
515 3771

Bhagwati Hospital
Borivali
893 2461 to 63

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Gandhi Memorial College Of Education Bantalab Jammu

Bhaktivedanta Hospital
Mira Road
810 1884

Bhatia Hospital
Grant Road
307 1291
307 1292
307 1297

Bombay Hospital
Marine Lines
206 7676

Breach Candy Hospital
Warden Road
368 5406

Children's Orthopaedic Hospital
Haji Ali
494 4032

Cooper Hospital
Vile Parle
620 7254

ENT Hospital
Fort
204 2526
204 3322

G. T. Hospital
Dhobi Talao
262 1464

Hinduja Hospital
Mahim
445 2440

Holy Spirit Hospital
Andheri
837 8822
837 2748

J. J. Hospital
Byculla
373 5555
373 9031

Jaslok Hospital
Peddar Road
493 3333

K. E. M. Hospital
Parel
413 6051
413 6055

Kanamwar Nagar Hospital
Vikhroli
577 1292

Kasturba Hospital
Agripada
300 4323 to 26

Bhaba Hospital
Kurla
650 3145
650 4515

Lotus Hospital Trust
Juhu
620 7352
620 7534

L. T. Hospital
Sion
407 6381
409 0040

Lilavati Hospital
Bandra
643 8281
643 8282

M. G. M. Hospital
Parel
413 2575

Mangal Anand Hospital
Chembur
522 4845

Masina Hospital
Byculla
371 4889
371 4890

Nair Hospital
Mumbai Central
308 1490 to 99

Nanavati Hospital
Santacruz
618 2255

Parsi General Hospital
Kemps Corner
363 3212

Poddar Hospital
Worli
493 3533
493 1846

Pragati Hospital
Mulund
561 9356

Prince Aly Khan Hospital
Mazgaon
375 4343
375 8871

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Gandhi Memorial College Of Education Bantalab Jammu

Rajawadi Hospital
Ghatkopar
511 5066 to 70

S. L. Raheja Hospital
Mahim
446 7569
446 7570
446 7585

Saifee Hospital
Charni Road
386 1418
386 1419

St George Hospital
Fort
262 0242
262 0247

Smt. Sunita Devi Singhania Hospital
Thane
542 6431 to 39

Sir Harkisondas Hospital
Girgaon
388 6560

Veer Savarkar Hospital
Mulund
568 6225

Wadia Hospital
Parel
414 6963
414 6964

Harish Hospital
Nerul
768 7727

Khopkar Hospital
Airoli
769 2554

New Bombay Hospital and Poly Clinic
Vashi
768 3777

Saibaba Hospital
Kopar Khairne
763 4603

Sterling Hospital
Vashi
782 1123

New Delhi

AIIMS
Safdarjung / Green Park
686 4851

Bara Hindu Roa Hospital
Subzi Mandi
293 2362
291 9625

Batra Hospital
Mehrauli
698 7485
698 7486
698 3747

Bhagat Hospital
Janak Puri
555 1898
550 5502

Deen Dayal Upadhyaya Hospital
Hari Nagar
541 0335

Dr B. L. Kapoor Memorial Hospital
Karol Bagh
572 2736

Dr Ram Monohar Lohia Hospital
Connaught Place
336 5525

Escorts Heart Institute and Research Centre
Okhla
684 4820
683 3641

G. B. Pant Hospital
Delhi Gate
323 4242
323 3400

Holy Angels Hospital
Vasant Vihar
614 1119
687 3411

Holy Family Hospital
Okhla
684 5900 to 09

Indraprastha Apollo Hospital
Sarita Vihar, Del-Mathura Road
692 5858
692 5801

Jaipur Golden Hospital
Rohini
726 0935 to 38
726 0758
726 0760

Lok Nayak Hospital
Delhi Gate
332 2466
323 2400

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Gandhi Memorial College Of Education Bantalab Jammu

Mohindra Hospital
Safdarjung / Green Park
685 2880
685 2881

Moolchand Hospital
Lajpat Nagar III
683 2461
683 3404

M. P. Heart Centre
East of Kailash / Green Kailash
641 3436
648 9831

National Chest Institute
Safdarjung / Green Park
686 4012
696 4044

National Heart Institute
East of Kailash / Green Kailash
641 4156
641 4157

Orthonova Hospital
Madangir
698 7915
698 4792

Pattnaik's Laser Eye Institute
Lajpat Nagar III
683 1176
682 3276

Sahi Hospital
Jangpura
431 5845
431 4086

Sir Ganga Ram Hospital
Karol Bagh
578 1837

St Stephen's Hospital
Civil Lines / Tis Hazari
251 1488
251 1887

Tirath Ram Shah Hospital
Civil Lines / Tis Hazari
252 2425

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Gandhi Memorial College Of Education Bantalab Jammu

USEFUL PHONE NUMBERS

Calcutta

B. M. Birla Heart Research Centre
(Mobile Cardiac Unit)
479 2711
479 2714

Indian Association Of Blood Cancer and Allied Diseases
351 2634
353 0138

Ambulance Services:
Automobile Association of Eastern India
Calcutta 700 019
475 5131 to 33

Dhanwantry
Calcutta 700 023
449 5542
449 5594
449 3734

Hajra Medical Stores
Calcutta 700 023
449 6993

Medicare Services
Calcutta 700 020
247 6233
247 8111
247 8112

St John's Ambulance Association
Calcutta 700 025
475 1935

Calcutta Heart Research Centre
Calcutta 700 029
464 7613
475 6747
239 3373

Indian Red Cross Society
Calcutta 700 001
248 3636

Ruby General Hospital
Calcutta 700 078
442 0291
442 6091
442 6576

Dreamland Nursing Home
Calcutta 700 004
555 3216
555 3217
555 3245

Marwari Relief Society
Calcutta 700 007
238 3724 to 26

Blood Banks:
Bhoruka Public Welfare Trust
Calcutta 700 016
244 9619
244 8092

Lions District Blood Bank
Calcutta 700 069
248 5778
248 5780

Oxygen Services:
Dhanwantry
449 5594
449 5542
449 3734

Jibandeep
455 3609
455 4908
455 4152

Chennai (Madras)

ADDS (Alcohol and Drug De-Addiction Services)
433 0757

AIDS Fact
492 5697

Commission on Addiction Concern
827 1676

CRY (Child Relief and You)
432 0766

De-Addiction Centre
642 1085

DESH (Deepam Educational Society for Health)
499 5580

Hope Rehabilitation Centre
626 1687

Indian Council for Child Welfare
626 0097

Indian Network for People Living with HIV/AIDS
825 8014

Life Help Centre for Handicapped Children
492 5044

Prem Centre for Physiotherapy and Rehabilitation Medicine
491 2414

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Gandhi Memorial College Of Education Bantalab Jammu

Tamil Nadu State AIDS Control Society
825 5467

Ambulance Services:
Apollo Hospital
827 7447
827 4749

Aysha Hospital
642 5625
642 6930

Balaji Hospital
234 3863
234 5282

Chennai Kaliappa
493 6098
493 6125

Child Trust Hospital
827 7487
827 5279

Devaki Hospital
499 2607
499 0788

Hindu Mission Hospital
236 7711

Helping Point
828 0257

Jayadev Ambulance Service
641 2317

K. J. Hospital
641 1513
641 1515
641 1517

M. V. Hospital
595 4913 to 15

Malar Hospitals Ltd
491 4369
491 4657

Miot Hospital
484 7802

National Hospital
511 405
511 408

Sankara Nethralaya
827 1616
827 9435

Sheeba Nursing Home
537 9055
537 1219

St John's Ambulance Association
826 4630
825 5707

St Isabel Hospital
499 1081
499 1082

Tamil Nadu Hospital
237 5221
237 5225

Trauma Care Consortium
823 0700

Blood Banks:
AA Lab Services
Chennai 600 034
827 0930

Apollo Hospital
Chennai 600 006
827 7870

Bulls Eye Blood Bank
Chennai 600 084
642 1341

Cancer Institute
Chennai 600 036
235 0131
235 0241

Child Trust Hospital
Chennai 600 034
825 9601 Ext. 205

CSI Rainy Hospital
Chennai 600 021
595 1329
595 1204
595 5902

Devaki Hospital Blood Bank
Chennai 600 004
499 2607
499 0788

Govt Kasturba Gandhi Hospital
Chennai
854 5001

Govt R. S. R. M. Lying In Hospital
Chennai 600 013
522 6961

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Gandhi Memorial College Of Education Bantalab Jammu

Govt Royapettah Hospital
Chennai 600 014
853 3051

Indian Red Cross Society
Chennai 600 008
855 4425

Institute of Obstetrics and Gynaecology and Hospital for Women and Children
Chennai 600 008
825 1982

Institute of Child Health and Hospital
Chennai 600 008
825 1135

Janseva Blood Services
Chennai 600 024
483 5401
483 3051

Jeevan Blood Bank
Chennai 600 034
823 1911
822 0494

K. J. Hospital
Chennai 600 084
641 1513
641 2514

Kilpauk Medical College Hospital
Chennai 600 010
825 5331

Lions Blood Bank
Chennai 600 010
644 3615
644 3625

Madras Clinical Research Lab
Chennai 600 010
825 2080

Madras Medical Mission
Chennai 600 050
625 9801

Nagamani Hospital
Chennai 600 021
595 2725 to 27

Sri Ramachandra Hospital Blood Bank
Chennai 600 116
482 8017

Suhrudaya Clinical Laboratory
Chennai 600 004
499 3759

Tamil Nadu Hospital Ltd
Chennai 601 302
237 7707

Voluntary Health Services
Chennai 600 113
235 3971 to 4

Mumbai (Bombay)

Alcoholics Anonymous
309 5526

Ali Yavar Jung National Institute for the Hearing Handicapped
640 9176
640 0215
640 0228

ASHA Project
(AIDS centre)
308 0486

Asthma and Bronchitis Association
262 3232

Bombay Heart Brigade
For free help in case of heart attack
105

Cancer Information Service
616 2854

Child Care and Research Foundation
285 2320

Children's Aid Society
430 1203

CRY (Child Relief and You)
306 3651
309 6845
309 8324

DAIRRC
343 2617
342 7339
342 7345

Drug Abuse Management
(Treatment, counselling, rehabilitation, HIV/AIDS rehabilitation)
204 5441
288 4052

Drug Information Centre
374 0949

Family Service Centre
282 8862

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Gandhi Memorial College Of Education Bantalab Jammu

Fellowship of the Physically Handicapped
496 3967
496 3968

Forum Against Drugs
(Free testing and counselling centre)
281 7914
281 4892

Home for Mentally Deficient Children
551 1126

Indian Association for Promotion of Adoption and Child Welfare
430 7076

Indian Cancer Society
413 9445

Indian Leprosy Foundation
873 0864
873 4577

Indian National Foundation for the Blind
872 5747

Indian Society for Rehabilitation
385 2313

Kripa Counselling and Rehabilitation Centre
640 5411
643 3027

National Association for the Blind
493 6930
493 5365

National Society for the Welfare of Physically Handicapped
413 1262

Salvation Army HIV/AIDS Anonymous Testing and Counselling Centre
309 3563
309 3566

The Samaritans
307 3451
309 2068

Spastics Society of India
643 0703
643 0704

Vikas Sahyog Pratisthan
388 9811

YUVA (Youth for Unity and Voluntary Action)
414 3498

Ambulance Services:
Arya Samaj
648 2800

Bombay City Corps
201 4295

Golden Hour Project
422 2040
430 8888

L. T. M. G. Hospital
407 6381 to 89

Municipal Ambulance
307 7324
307 9643

Parsi Ambulance
262 1666

Sadhubella
492 3491
492 5788

St John's Ambulance
266 2913

The Muslim Ambulance
375 5645
375 9846

Blood Banks:
Amit Biologicals
Vasai
912 334 092

Bhagwati Blood Bank
Borivali
893 2461
893 2462
893 2463

Bhaktivedanta Hospital
Mira Road
810 1884

Bombay Hospital
Marine Lines
206 7676

BYL Nair Blood Bank
Mumbai Central
309 8150

Civil Hospital
Thane
547 2582
547 2056

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Gandhi Memorial College Of Education Bantalab Jammu

Cooper Hospital
Vile Parle
620 7254

Dr Patkar Blood Bank
Navi Mumbai
768 5805

ESIS Hospital
Worli
493 2390
493 3142

G. T. Hospital
Dhobi Talao
262 1464 to 67

Hinduja Hospital
Mahim
445 2222
445 1515

Holy Spirit Hospital
Andheri
837 8822

J. J. Hospital
Byculla
373 9400

Jaslok Hospital
Peddar Road
493 3333

K. E. M. Blood Bank
Parel
413 5189

Mumbai Port Trust
Wadala
414 5100

Parsi Hospital
Kemps Corner
363 3641

Red Cross Blood Bank
Fort
266 3560
266 3195

St George Blood Bank
C. S. T. Station
262 0344

Sion Hospital
Sion
407 6381 to 89

Sir Harkisondas Hospital
Girgaon
385 5555

Tata Memorial Hospital
Parel
412 7096
414 6750

Wadia Blood Bank
Parel
412 9786

Oxygen Services:

Capron Agencies
A-1, Trishul
Mahakali Caves Road
Anderi East
Mumbai 400 093
834 2439
836 3569

Prakash Oxygen
Radha Rama Kunj
24 Station Road, Santacruz West
Mumbai 400 054
649 3865

Saifee Ambulance
(Medical oxygen – day and night)
Sayed Abu Mohammed Road
Bhendi Bazar
Mumbai 400 003
347 1189
346 6520

The Laboratory
(Medical oxygen – day and night)
141 Noman Manzil, Ground Floor
Tardeo Road
Mumbai 400 034
496 1917

Vile Parle Medical Club
Public Health Trust
13-B Sant Gyaneshwar Road
Behind Chandan Cinema
Juhu, Vile Parle West
Mumbai 400 049
620 6581
628 6186

Bandra Medical Stores
139 Hill Road, Bandra
Mumbai 400 050
642 3757
642 7244

New Delhi

Accident and Trauma Service
1099

All India Asheya Mahila Sahyog Samiti
224 2894
247 2008

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Gandhi Memorial College Of Education Bantalab Jammu

All India Federation of the Deaf
336 4766

Arya Kanya Sadan
327 9593

Association of Sisters of the Destitute for Social Welfare
721 5829

CRY (Child Relief and You)
469 3137
469 4790
469 3109

Delhi Council for Child Welfare
251 8907

Handicapped Welfare Federation
371 0791

Hind Kusht Nivaran Sangh
(Leprosy association)
336 4639

Indian Cancer Society
431 4907
431 9572

Institution for the Blind
641 1915

Institute of Social Services
617 0680

Legal Aid Centre for Women
641 5071

Sahi Hospital Women's Health Care Services
431 4086
431 9802
431 5845

Sanjivini Society for Mental Health
431 1918
686 2222

Servants of the People Society
647 9601
643 7170

Snehi
652 1415
642 3585

Spastic Society of Northern India
696 6331

Tamanna Special School
614 3853

Blood Banks:
AIIMS
Aurobindo Marg
686 4851

Blood Bank Organisation
Pusa Road
571 1055
572 1870

Bajaj Blood Bank
Karol Bagh
572 9849

Indian Red Cross Society
Red Cross Road
371 1551

Sunil Blood Bank
Kotla Mubarakpur
469 7646

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Gandhi Memorial College Of Education Bantalab Jammu

EMERGENCY SERVICES

EMERGENCY NUMBERS

Police: **999**

Ambulance: **999**

Fire: **994**

Civil Defence: **991**

National Poison Centre: **1800 888 099**

In a serious emergency, when a person has been involved in an accident or has been taken ill suddenly, dial 999 and ask for an ambulance. The same number applies to the police service when it is a major emergency. If the problem is less urgent, however, it is best to use the local contact number for these services to ensure that the emergency lines are kept free for life-or-death calls.

When a call is made to the emergency number, an operator will ask which service is needed. Although there may be a need for the police, fire brigade and ambulance all to attend, for example in a road accident where a car is on fire, the operator needs to contact one service initially. If it is a life-threatening injury or illness, choose the ambulance service first and leave it to the ambulance communications operator to call for police and fire-fighting personnel to attend.

Hospital or doctor's surgery?

If the injury or illness is not life-threatening but involves pain or disability for the victim, you have a choice of either visiting the local medical practice or going to a hospital Accident and Emergency Department. It is best to see your regular doctor if possible because this provides for continuity of treatment and takes into account any previous illnesses or accidents, and any treatment or medication currently prescribed. If it seems likely that the victim will be admitted to hospital for treatment, for example with an extensive burn, it may be best to go to the nearest hospital Accident and Emergency Department where you can be sure that a range of medical specialists will be available, if needed.

Keep in mind that many major hospitals have a heavy load on their Accident and Emergency Department, with ambulance cases arriving every few minutes. A major industrial or road accident may mean that other people with less urgent conditions must wait a considerable time to be seen by a doctor. Also, many local and community hospitals do not have an Accident and Emergency Department, and some of those may not have a doctor on the premises to treat an emergency condition.

If in doubt about what to do, save the victim unnecessary pain and distress by ringing the local medical practice and asking the receptionist for advice before attempting to drive the victim anywhere. Many medical practices are well equipped and staffed to treat a range of non-life-threatening but serious conditions, and it is worth finding out more about these facilities during a routine visit so that you can be better prepared for an emergency.

Hospitals with 24-hour Accident and Emergency Departments are listed on page 295.

Support groups

If a family member is diagnosed with a chronic condition, for example diabetes or multiple sclerosis, it is wise to contact one of the specialist support organisations to get advice and other assistance. They may, for instance, offer respite care, or be able to loan or hire out equipment.

A number of organisations have experienced counsellors whose help in a crisis – even over the phone – can be invaluable. Other groups offer practical help in the form of clothing and food, or general information on community resources.

A selection of support groups, counselling services and other helpful organisations is given on page 296. For others, consult your local telephone directory.

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Gandhi Memorial College Of Education Bantalab Jammu

HOSPITALS

Addresses and telephone numbers of hospitals with 24-hour Accident and Emergency Departments

Johor
Hospital Sultanah Aminah
80100 Johor Bahru
07-223 1666
07-224 2694

Kedah
Alor Setar Hospital
Lebuhraya Darul Aman
05100 Alor Setar
04-730 3333

Melaka
Melaka Hospital
Jalan Mufti Haji Kalil
75400 Melaka
06-282 2344

Negeri Sembilan
Seremban Hospital
Jalan Muthu off Jalan Rasah
70300 Seremban
06-762 3333

Pahang
Tengku Ampuan Afzan Hospital (formerly Kuantan Hospital)
Jalan Tanah Putih
25100 Kuantan
09-513 3333

Penang
Pulau Pinang Hospital
Jalan Utama
10460 Penang
04-229 3333

Perak
Ipoh Hospital
Jalan Hospital
30990 Ipoh
05-253 3333

Sabah
Queen Elizabeth Hospital
Jalan Penampang
88586 Kota Kinabalu
088-218 166

Sarawak
Hospital Umum Sarawak
Jalan Tun
Ahmad Jaidi
Adruce
93586 Kuching
082-257 555

Selangor
Assunta Hospital
Jalan Templer
46990 Petaling Jaya
03-792 3433

Wilayah Persekutuan
Kuala Lumpur General Hospital
Jalan Pahang
50586 Kuala Lumpur
03-292 1044

Tawakal Hospital
202A, Jalan Pahang
53000 Kuala Lumpur
03-423 3599
03-423 7899

Universiti Hospital
Jalan Universiti
59100 Kuala Lumpur
03-756 4422

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Gandhi Memorial College Of Education Bantalab Jammu

USEFUL PHONE NUMBERS

AIDS Action Research Group
04-657 7888 ext 3955

AIDS Hotline
04-229 3033

Alcoholics Anonymous
03-238 1876

All Women's Action Society
Support group for women suffering domestic violence
03-757 0224

Asthma Society of Malaysia
03-757 6641

Befrienders
Counselling service for depression, loneliness and suicidal tendencies
24-hour hotline
03-756 8144
03-756 8145

Cancerlink Foundation
03-757 9310
03-756 9499

Child Protection Team
03-292 1188
03-292 1262
Child Abuse Hotline (24 hours)
1800 883 040

Down Syndrome Parents' Network
03-776 4319

Kiwanis Down Syndrome Foundation
Helps children with Down Syndrome and guides parents in educating such children
03-757 1179

Malaysian Association for the Blind
03-272 2677
03-272 2672

Malaysian Diabetes Association
Provides counselling; organises a diabetes camp, talks and seminars and assists members in obtaining blood sugar monitoring aids
03-750 2385

Malaysian Epilepsy Society
03-292 1044
03-290 5450

Malaysian Red Crescent Society
Telephone counselling service
1800 883 134

National Cancer Society of Malaysia
03-298 2087

National Council for the Blind
03-273 5508

National Council of Spastic Children's Association in Malaysia
03-755 0296

NTC (Natural Therapy Centre) AIDS Service Centre
03-782 0996
03-781 7474

Selangor Association for Retarded Children
03-274 1475
03-274 1457

Society for the Deaf in Selangor & Federal Territory
03-274 1825

Spastic Children's Association of Selangor & Federal Territory
03-758 2393
03-755 0296

Women Crisis Centre
Counselling, legal advice and temporary shelter for women and children in crisis
04-228 0342
04-228 5784

Women's Aid Organisation
Refuge and counselling for battered women
03-756 3488
03-755 4426

YMCA Club for the Deaf
03-274 1439

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EMERGENCY SERVICES

EMERGENCY NUMBERS

Emergency Police Assistance: **166**
Street Watch: **117**
Assn. of Philippines Volunteer Fire Brigades:
244-4141/244-4545/244-5151
Assn. of Volunteer Fire Chiefs and Firefighters of the Philippines:
160-16
National Poison Control Information Service:
524-1078/521-8450 loc. 2311
Civil Defence Operation Center:
911-5061

AMBULANCE SERVICES

Ace-Cor Ambulance Service:
749-5621/749-5476/749-5477
Life Alert Medical Clinic and Ambulance Services: **809-1459**

For your local fire and police service telephone numbers, see the chart on p.298.

Hospital or doctor's surgery?

If the injury or illness is not life-threatening but involves pain or disability for the victim, you have a choice of either visiting the local medical practice or going to a hospital Accident and Emergency Department. It is best to see your regular doctor if possible because this provides for continuity of treatment and takes into account any previous illnesses or accidents, and any treatment or medication currently prescribed. If it seems likely that the victim will be admitted to hospital for treatment, for example with an extensive burn, it may be best to go to the nearest hospital Accident and Emergency Department where you can be sure that a range of medical specialists will be available, if needed.

Keep in mind that many major hospitals have a heavy load on their Accident and Emergency Department, with ambulance cases arriving every few minutes. A major industrial or road accident may mean that other people with less urgent conditions must wait a considerable time to be seen by a doctor. Also, many local and community hospitals do not have an Accident and Emergency Department, and some of those may not have a doctor on the premises to treat an emergency condition.

If in doubt about what to do, save the victim unnecessary pain and distress by ringing the local medical practice and asking the receptionist for advice before attempting to drive the victim anywhere. Many medical practices are well equipped and staffed to treat a range of non-life-threatening but serious conditions, and it is worth finding out more about these facilities during a routine visit so that you can be better prepared for an emergency.

Hospitals with 24-hour Accident and Emergency Departments are listed on page 299.

Support groups

If a family member is diagnosed with a chronic condition, for example diabetes or multiple sclerosis, it is wise to contact one of the specialist support organisations to get advice and other assistance. They may, for instance, offer respite care, or be able to loan or hire out equipment.

A number of organisations have experienced counsellors whose help in a crisis – even over the phone – can be invaluable. Other groups offer practical help in the form of clothing and food, or general information on community resources.

A selection of support groups, counselling services and other helpful organisations is given on page 300. For others, consult your local telephone directory.

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Gandhi Memorial College Of Education Bantalab Jammu

EMERGENCY SERVICES

FIRE AND POLICE SERVICES

Municipality	Fire	Police
Angono	651-0064	651-0065 651-0061
Antipolo	650-0324	650-0116
Binangonan		652-0159
Cainta	678-7492 655-0833	655-0849
Kalookan City	362-3292 288-4735 35-56-80 364-5680 364-9060	362-3276
Las Pinas	806-6177 806-0625	166 801-4047
Makati City	816-2553 818-5150	899-9008 899-9039
Malabon		281-1139
Bayan Sub-Station	281-1141	
Central Fire Station/	361-9712	
Tugatog Sub-Station		288-4563
Hulong Duhat Sub-Station	281-4607	
Mandaluyong	532-2402	532-2145 532-5001
Manila	527-3609 527-3653 527-6346 527-3627	523-8391 523-5461 523-5611 524-5401
Marikina	942-0021 646-1636	646-1631
Morong	718	717
Muntinlupa	842-2201	842-2611
Navotas	281-0854	281-8632
Novaliches	936-3594	936-3624
Obando		292-2043
Paranaque	826-9131	828-8121
Pasay City	844-2120 844-8719 843-6523	831-8070 831-5054 831-8059 831-9193 831-1544 831-8088
Pasig	641-1939	641-0436
Pateros	641-1365	642-3391
Polo (Bul)		292-2245
Quezon City	928-8363 924-1922 372-2312	921-5267 921-4758 921-4554 921-6146 924-1018 931-7870 931-7827
San Juan	725-2079	724-2515 725-0404
Taguig		642-3911 642 2062
Tanay	718	717
Taytay	658-6439	658-7260
Valenzuela	292-3519	292-0518

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HOSPITALS

Addresses and telephone numbers of hospitals with 24-hour Accident and Emergency Departments

Cardinal Santos Medical Center
Wilson Street
Greenhills
San Juan
727-0001 to 25

De Ocampo Memorial Medical Center
2921 Nagtahan Avenue
Sta. Mesa
Manila
715-1891

Dr Jesus C Delgado Memorial Hospital
No 7 Kamuning Road
Quezon City
924-4051 to 64

Makati Medical Center
No 2 Amorsolo cor de la Rosa Street
Makati
Metro Manila
815-9911
892-5544

Manila Doctors Hospital
667 United Nations Avenue
Manila
524-3011 to 60

Metropolitan Hospital
No 1357 G Masangkay Street
cor Mayhaligue Street
Tondo
Manila
255-0401 to 10
255-0411 to 20
255-0421 to 30
255-0431 to 40

MPI Medical Center Muntinlupa
338 Nat'l Road
Putatan
Muntinlupa
Metro Manila
842-5730
842-5734

Olivarez General Hospital
Dr A Santos Avenue
Parañaque
Metro Manila
826-7966
825-8746
826-5035

Philippine Children's Medical Center
Quezon Avenue
Quezon City
924-6601

Philippine Heart Center
East Avenue
Quezon City
925-2401

St Luke's Medical Center
279 E Rodriguez Sr Boulevard
Quezon City
1102 Philippines
723-0101 (Main)
725-2328 (Accident and Emergency)
727-5433 (Accident and Emergency)

The Medical City
San Miguel Avenue cor Lourdes Road
Ortigas Center
Mandaluyong City
631-8626

The Polymedic General Hospital Inc
163 Edsa
Mandaluyong City
531-4911 to 20
531-4921 to 24

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USEFUL PHONE NUMBERS

Alcoholics Anonymous
890-2247

Allergy-Asthma Phil Foundation
893-1204

Center for Women
807-1591

Communicable Disease Service
711-6804
711-6665

Council for the Welfare of Children
740-8863
740-8864

Dangerous Drugboard
527-3215
527-3213
527-3049

DARE (Drug Abuse Research Foundation Inc)
724-2641

Dermatology Research and Training Project
711-6703
711-6707

Development Concept Inc
521-4883

Elsie Gaches Village
842-6920
842-6921

Eye Referral Center
525-9360
525-6809

Family Planning Organization Information Service
712-1013

Glaucoma Research Foundation
525-9360

Heart Foundation of the Philippines
928-1414

Institute of Maternal and Child Health
712-1068

International SOS Assistance Philippines Inc
893-9383

Kidney Center Foundation of the Philippines
928-8711

Life Management Foundation Drug and Alcohol Treatment Facility
892-9717
812-1267

Narcotics Command
724-8796

Philippine Cancer Society
734-2128
734-2114
734-2126

Philippine Centre for Diabetes Education Foundation Inc
893-6070

Philippine Heart Association
634-7437
634-7441

Philippine HIV / AIDS / NGO Support Programme
899-6357

Philippine Leprosy Mission Inc
926-4443

Philippine Mental Health Association
921-4959
921-4960

Philippine Neurological Association
723-2102
723-3337

Philippine Orthopedic Association
740-5701
732-2487

Philippine Orthopedic Institute
892-1541

Philippine Rehabilitation Institute Foundation
712-9721

Philippine Tuberculosis Society
613-666
613-672
714-8015

Schistosomiasis Control and Research Services
711-7689
711-7690

Streetchildren Project UNICEF
743-8375

Tahanang Walang Hagdanan Inc
655-0059
655-0812

UNICEF - Philippine Child Feeding Programme
711-6140

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EMERGENCY SERVICES

EMERGENCY NUMBERS

Police: **999**

Ambulance: **995**

Fire: **995**

Police Hotline: **1800 225 0000**
(for crime and police information)

Poisons Information Centre:
223 5454

In a serious emergency, when a person has been involved in an accident or has been taken ill suddenly, dial 995 and ask for an ambulance. If the problem is less urgent, however, it is best to use the non-emergency number to ensure that the emergency lines are kept free for life-or-death calls. The non-emergency ambulance number is 1777.

When a call is made to the emergency number, an operator will ask which service is needed. Although there may be a need for the police, fire brigade and ambulance all to attend, for example in a road accident where a car is on fire, the operator needs to contact one service initially. If it is a life-threatening injury or illness, choose the ambulance service first and leave it to the ambulance communications operator to call for police and fire-fighting personnel to attend.

Hospital or doctor's surgery?

If the injury or illness is not life-threatening but involves pain or disability for the victim, you have a choice of either visiting the local medical practice or going to a hospital Accident and Emergency Department. It is best to see your regular doctor if possible because this provides for continuity of treatment and takes into account any previous illnesses or accidents, and any treatment or medication currently prescribed. If it seems likely that the victim will be admitted to hospital for treatment, for example with an extensive burn, it may be best to go to the nearest hospital Accident and Emergency Department where you can be sure that a range of medical specialists will be available, if needed.

Keep in mind that many major hospitals have a heavy load on their Accident and Emergency Department, with ambulance cases arriving every few minutes. A major industrial or road accident may mean that other people with less urgent conditions must wait a considerable time to be seen by a doctor. Also, many local and community hospitals do not have an Accident and Emergency Department, and some of those may not have a doctor on the premises to treat an emergency condition.

If in doubt about what to do, save the victim unnecessary pain and distress by ringing the local medical practice and asking the receptionist for advice before attempting to drive the victim anywhere. Many medical practices are well equipped and staffed to treat a range of non-life-threatening but serious conditions, and it is worth finding out more about these facilities during a routine visit so that you can be better prepared for an emergency.

Hospitals with 24-hour Accident and Emergency Departments are listed on page 302.

Support groups

If a family member is diagnosed with a chronic condition, for example diabetes or multiple sclerosis, it is wise to contact one of the specialist support organisations to get advice and other assistance. They may, for instance, offer respite care, or be able to loan or hire out equipment.

A number of organisations have experienced counsellors whose help in a crisis – even over the phone – can be invaluable. Other groups offer practical help in the form of clothing and food, or general information on community resources.

A selection of support groups, counselling services and other helpful organisations is given on page 303. For others, consult your local telephone directory (Buying Guide) under 'Community Services Information Hotlines and Helplines'.

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HOSPITALS

Addresses and telephone numbers of hospitals with 24-hour Accident and Emergency Departments

Alexandra Hospital
378 Alexandra Road
Singapore 159964
473 5222 (Main)
470 8341 (Accident and Emergency)

Changi General Hospital Pte Ltd
2 Simei Street 3
Singapore 529889
788 8833 (Main)
850 1680 (Accident and Emergency)

East Shore Hospital Pte Ltd
321 Joo Chiat Place
Singapore 427990
344 7588 (Main)
340 8666 (Accident and Emergency)

Gleneagles Hospital Ltd
6A Napier Road
Singapore 258500
473 7222 (Main)
470 5700 (Accident and Emergency)

HMI Balestier Hospital Pte Ltd
363 Balestier Road
Singapore 329784
253 3818 (Main)
359 8112 (Accident and Emergency)

KK Women's and Children's Hospital
100 Bt Timak Road
Singapore 229899
293 4044 (Main)
394 1177 (Children's Emergency Dept)
394 1199 (Women's Emergency Dept)

Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
253 4818 (Main)
359 7910 (Accident and Emergency)

Mount Elizabeth Hospital Ltd
3 Mount Elizabeth
Singapore 228510
737 2666 (Main)
731 2218 (Accident and Emergency)

National University Hospital (S) Pte Ltd
5 Lower Kent Ridge Road
Singapore 119074
779 5555 (Main)
772 5000 (Accident and Emergency)

Singapore General Hospital
Outram Road
Singapore 169608
222 3322 (Main)
321 4113 (Accident and Emergency)

Tan Tock Seng Hospital Pte Ltd
Moulmein Road
Singapore 308433
256 6011 (Main)
359 5417 (Accident and Emergency during office hours)
359 5200 (Accident and Emergency after office hours)

Thomson Medical Centre
339 Thomson Road
Singapore 307677
256 9494

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Gandhi Memorial College Of Education Bantalab Jammu

USEFUL PHONE NUMBERS

Action For AIDS
250 9495

AIDS Helpline
1800 252 1324

Alcoholics Anonymous
338 2791

Alzheimer's Disease Association
565 9958

Association for Educationally Subnormal Children
835 3367
835 3374

Asthma Association
323 1718

AWARE Helpline
(Counselling services for women)
1800 774 5935

Counselling and Care Centre
(for individuals, couples and families experiencing psychological, marital or family problems)
536 6366

Diabetic Society of Singapore
553 1801
564 9818

Disabled People's Association
334 2907
899 1220
899 1230

Down Syndrome Association
283 1979

Handicaps Welfare Association
254 3006

MINDS (Movement for the Intellectually Disabled of Singapore)
282 4852
481 6697
252 6311

National Arthritis Association
1800 227 9726

National Kidney Foundation
299 0200
353 2855

Non-Emergency Ambulance Service
1777

Pertapis Halfway House
(for chemical dependency and juvenile delinquency problems)
746 4752

Pregnancy Crisis Service
339 9770

SAGE Hotline
(Helpline for the elderly)
1800 353 8633

SANA (Singapore Anti-Narcotics Association)
Chinese/English
1800 732 2312
Malay/English
1800 732 2311

Singapore Association for the Deaf
344 8274
345 9935

Singapore Association of the Visually Handicapped
251 4331
258 0071

Singapore Cancer Society
221 9577

Singapore Planned Parenthood Association Counselling Centre
1800 294 3757

SOS (Samaritans of Singapore)
1800 221 4444

Students' Care Service
778 6867

Teen Challenge
442 0918

Tinkle Friend
(for children who are at home alone)
1800 274 4788

TOUCH Home Care and TOUCH Diabetes Support Association
258 6797

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RED CROSS AND RED CRESCENT SERVICES

One of the most important functions of the Red Cross and Red Crescent movements is to provide training in first-aid techniques. If you want to learn first aid, there are a number of courses to choose from, designed to suit all age groups and all possible emergency situations.

Courses differ from country to country, so to find the course that best suits your needs, telephone your national Red Cross or Red Crescent headquarters to be connected to your nearest first-aid training centre. Listed below are the national offices of the Red Cross and Red Crescent in India, Malaysia, the Philippines and Singapore. Contact your nearest office to make general enquiries, or to purchase first-aid manuals, posters and first-aid kits.

Indian Red Cross Society
Red Cross Building
1 Red Cross Road
New Delhi 110001
Tel: 11 371 6441
11 371 6442
11 371 6443
Fax: 11 371 7454
Email: indcross@nde.vsnl.net.in

Malaysian Red Crescent Society
JKR 32, Jalan Nipah
Off Jalan Ampang
55000 Kuala Lumpur
Tel: 03 457 8122
03 457 8236
03 457 8348
03 457 8159
03 457 8227
Fax: 03 453 3191
Email: mrcs@po.jaring.my

Singapore Red Cross Society
Red Cross House
15 Penang Lane
Singapore 238486
Tel: 336 0269
Fax: 337 4360
Web: http://redcross.org.sg

The Philippine National Red Cross
PO Box 280
Manila 2803
Tel: 527 0866
527 0856
527 8384
Fax: 527 0857
Email: pnrcnhq@pdx.rpnet.com

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EMERGENCY NUMBERS

Doctor

Name: _____

Address: _____

_____

Telephone: _____

Surgery hours: _____

Late-night chemist

Name: _____

Address: _____

_____

Telephone: _____

Local hospital

Name: _____

Address: _____

_____

Telephone: _____

Water emergency service

Telephone: _____

Electricity emergency service

Telephone: _____

Gas emergency service

Telephone: _____

Local police station

Address: _____

_____

Telephone: _____

Taxi

Telephone: _____

NOTES

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EMERGENCY NUMBERS

Fill in the spaces with your emergency numbers.

Police: .....

Ambulance: .....

Fire: .....

Poisons Information Centre: .....

.....

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HOME EMERGENCY MEDICAL GUIDE

Reader's Digest *Home Emergency Medical Guide* is a fast-action reference that shows you exactly what to do when accident or illness strike. Alphabetical thumb tabs give instant access to first-aid instructions for more than 70 topics as well as life-saving resuscitation procedures and telephone numbers for hospitals with emergency departments.

Straightforward directions make it easy to identify the source of the problem

Alphabetical thumb tabs on the cover take you straight to the topic you want

First-aid advice in simple language is given in numbered, step-by-step directions

36 **ASTHMA ATTACK**

An asthma attack usually occurs in response to a trigger such as an allergy, cold air, exercise or infection. During an asthma attack, the large and small airways which carry air in and out of the lungs become narrowed by muscle spasm, their mucous membrane lining becomes swollen and thick, sticky mucus is produced, further restricting the movement of air in and out of the body. Prompt first aid and medical advice may be life-saving.

▶ **WHAT THE VICTIM MAY COMPLAIN OF**

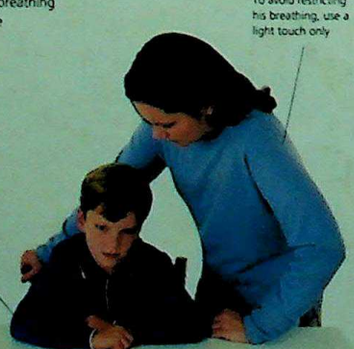
- **Difficulty in breathing, often associated with wheezing and coughing (though not all asthma victims have a wheeze)**

▶ **WHAT TO LOOK FOR**

- **A moist or dry cough, especially at night**
- **Difficulty in talking**
- **Blue lips**

▶ **WHAT TO DO**

1 Help the victim into a comfortable sitting position; leaning forward supported by the arms helps reduce breathing effort and increases the efficienx him frex



ASTHMA ATTACK 37

2 If the victim has medication prescribed to relieve an asthma attack, help him to take it promptly. Often this will be a 'puffer' spray.

If there is no improvement or the attack is getting worse, call for an ambulance immediately.

3 If an ambulance is required, help the victim while waiting – if necessary – to take four puffs of the 'reliever' medication every four minutes, preferably through a 'spacer' device to ensure that the full dose is inhaled.

*If the victim collapses, **cardiopulmonary resuscitation (CPR)** may be needed as a life-saving measure until the ambulance arrives* ***(see pages 17–18)***

MANAGING ASTHMA

- Many deaths still occur as a result of serious asthma attacks, so it is important that first aid and medical advice be provided for the victim as quickly as possible.
- Always have the asthma 'reliever' medication close by to ensure prompt treatment at the first sign of an attack.
- See the doctor at regular intervals to review your personal asthma management plan.
- If your asthma is triggered by allergens, take the 'preventer' medication before coming into contact with the trigger substance.
- If your asthma is triggered by exercise, do not stop the exercise except on medical advice. Exercise can improve health and so reduce the incidence of asthma attacks.
- For exercise-induced asthma, there are special 'preventer' medications to be taken before the exercise starts.

CONTINUED ▶

Clear, graphic photographs illustrate each procedure

Expert follow-up advice helps in the management of chronic complaints

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